Deficiency Diseases of Children

By FREDERICK F. TISDALL, M.B. (Tor.)

The name "deficiency disease" is usually applied to a group of diseases which are caused by a lack in the diet of some one of the various vitamines. In this respect the name is a misnomer. It would be just as rational to consider as deficiency diseases those diseases which are caused by a lack in the diet of any substance. We could quite rightly designate as deficiency diseases the anaemias which are due to a lack of iron or the abnormalities of the thyroid which result from a lack of iodine, yet these conditions are usually not considered under this heading. By common usage the name is reserved for those conditions which are intimately associated with a deficiency in the diet of any one of the various vitamines. To-day I wish to direct your attention to three of the so-called deficiency diseases which are most frequently encountered in infants and children, namely, rickets, tetany, and scurvy.

Rickets.—This is probably more frequently encountered than any other disease of infancy and, I may add, its presence is probably more frequently overlooked than any other condition. The disease occurs in both breast-fed and artificially-fed infants. It involves not only the osseous system but also other parts of the body, particularly the nervous and muscular systems. The earliest manifestations of the disease are restlessness, head sweating, and tossing of the head from side to side when asleep. Shortly after this the earliest bone changes may be found. Craniotabes or soft areas in the occipital and posterior part of the parietal bones may be felt if firm pressure is used. Beading of the ribs, or the so-called rachitic rosary, which is due to an enlargement of the junction of the bony and cartilaginous portions of the ribs, may be quite readily felt. Later, the other bony changes appear; the enlargement of the epiphyses at the wrists and ankles, the prominent forehead with enlargement of the frontal bosses, the enlargement of the parietal bosses, the flattening of the occipital region of the head, and a general softening of all the bones. The anterior fontanelle is larger than normal and this combined with the enlargement of the frontal and parietal bosses produces the so-called "hot cross bun" appearance of the head The dentition is delayed. There is marked loss of tone of the muscles and ligaments. The infant does not sit up at the usual age of seven months or stand at the end of the first year. If the infant has been walking it may stop doing so. The abdomen becomes quite large. As a result of the softness of the bones, and the lack of tone of the muscles and ligaments, the well-known deformities of the chest, spine and extremities may appear.

Not in all infants do the nervous manifestations of the disease appear as prominently as those before mentioned; still they do occur with sufficient frequency to warrant the emphasis which has been placed on them. The most important changes produced in infants by rickets are not the before-mentioned conditions, but a general lack of resistance to infection. There is no doubt that this general lack of resistance caused by rickets is a very great factor in our infant mortality. The rachitic infants are usually anaemic. They develop head colds, otitis media, bronchitis and pneumonia more readily than the normal infant, and the outlook is not as favourable. This most important aspect of rickets deserves our careful consideration.

The age and seasonal incidence of rickets is quite definitely defined. The

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disease may be recognized clinically as early as the second month. The period of greatest incidence, however, is from the third month to the end of the first year. It may be fairly prevalent in the first half of the second year, but after the second year it is quite unusual to encounter active rickets. In Ontario the disease occurs most frequently in the winter and spring months, from November to May.

The etiology, treatment, and prevention of rickets will be discussed with the next disease that I wish to present for your consideration, namely, tetany.

Tetany. — Infantile tetany is encountered fairly frequently at certain seasons of the year. Convulsions are the predominant symptom. In certain cases they may occur as often as thirty or forty times a day. The next symptom and one which is almost invariably overlooked is a peculiar inspiratory crow produced when the child cries, and caused by a spasm of the larynx. Some authors consider this laryngeal spasm as a separate disease, but it is only one of the symptoms of tetany. Chvostek's sign, which is a contraction of the facial muscles and is elicited by tapping the side of the cheek, is almost invariably present in infants with tetany. It is due to a hyperirritabi'ity of the facia' muscles. This sign is of no significance in infants over two years of age. A characteristic position of the hand (carpopedal spasm) is present in a moderate percentage of cases. The before-mentioned five symptoms of tetany, namely, convulsions, laryngospasm, Chvostek's sign, carpopedal spasm, and Trousseau's sign, are all due to a hyperirritability of the neuro-muscular system.

The age incidence and seasonal incidence of tetany is singularly striking. Of the cases encountered at the Hospital for Sick Children during the past six years 80 per cent. of them occurred at the fifth, sixth, seventh, eighth and ninth months of age, and 85 per cent. occurred in the months of January to May inclusive; the highest incidence was in March and April. It is evident that the age and seasonal incidence of the disease are indeed most striking.

The blood changes in rickets and tetany are quite definite. It has been shown at the various clinics here and in the States that in rickets the inorganic phosphorus of the blood is reduced, while in tetany it is the calcium of the blood that is reduced. When it is remembered that over 90 per cent. of the inorganic portion of bone is tertiary calcium phosphate, the reason for the defective formation of bone in rickets is at once evident. In the production of tetany the important factor is the ratio of the sedative to irritating salts in the body. There is in the normal infant a constant ratio between the irrtiating sodium and potassium salts and the sedative calcium and magnesium salts. In tetany this ratio is disturbed by a reduction of the sedative calcium salt. This results in a hyperirritability of the neuro-muscular system which accounts for all the symptoms of the disease.

The cause of rickets and tetany is intimately associated with a lack of the anti-rachitic vitamine (or anti-rachitic substance), whatever that may be. Why there is in one case a reduction of inorganic phosphorus in the blood, with the production of rickets, and in another a reduction of calcium with the resultant symptoms of tetany, we cannot say. We know, however, that when an adequate supply of this anti-rachitic substance is given, that rickets and tetany will not develop. The interesting discovery has been made in recent years that exposure of the infant to ultra-violet rays, which are present in the rays from a mercury vapour quartz lamp or in sunlight, produces the same effect on these inorganic elements in the blood as is produced by giving the anti-rachitic substance. Another observation of the greatest importance has been reported simultaneously in the past few months by Hess of New York and Steenbock of Wisconsin. These investigators showed that the exposure of food containing no anti-rachitic substance to ultra-violet rays resulted in the production or formation in the

food of the anti-rachitic substance. It is thus evident that they have actually manufactured one of the so-called vitamines.

The treatment of rickets consists in the administration of the anti-rachitic substance or exposure of the infant to direct sunlight. The anti-rachitic substance is present in large quantities in cod liver oil that has been suitably prepared. It is the pure oil that has to be given; emulsions are usually of little or no value. In many cases the anti-rachitic content of the average cod liver oil found on the druggist's shelf is very low. We have found in our experience at the Hospital for Sick Children that the best results are obtained by the use of a biologically tested Newfoundland cod liver oil. The dose is one half teaspoonful three times a day, beginning at one to two months of age and then a teaspoonful three times a day from three months of age on. This amount almost invariably prevents rickets; however, occasional cases are encountered in which it is necessary to increase the dose to get the desired result. As rickets is most prevalent in the winter months it is not possible to expose much more than the infant's face to the direct rays of the sun. There is also an added disadvantage that the ultra-violet ray content of the sun's rays during the winter period is very small. Consequently in the winter months dependence should be placed almost entirely on the administration of cod liver oil. In the spring and summer months the skin of the infant should be exposed to direct sunlight. It is to be remembered that glass and clothing cut off all the beneficial rays.

In regard to tetany, the convulsions must be treated. This can be accomplished by the administration of morphin 1/40 to 1/20 grain hypodermically, or the rectal administration of six to eight grains of chloral hydrate or eight to ten grains of sodium bromide. Fifteen to twenty-five cubic centimetres of a sterile 8 per cent. solution of magnesium sulphate injected subcutaneously is usually quite effective. As the convulsions are a result of the low calcium content of the blood, calcium chloride should be given. The amount should be fifteen grains four or five times a day for the first two days, then the number of doses should be reduced to three a day. This should be continued for three weeks. The calcium chloride may be dissolved in a little water and placed in the feedings. Cod liver oil should be started and continued for a long period, and if possible the infant exposed to the direct rays of the sun.

Scurvy.—This occurs most frequently from eight to twelve months of age. Seventy-five per cent. of the cases encountered at the Hospital for Sick Children occurred during this period. It is very rarely seen over one-and-a-half years of age. This is of considerable value in the differential diagnosis of scurvy and arthritis of rheumatic origin, as the latter condition is practically unknown under three years of age. The chief symptoms of scurvy are pain on being handled, bleeding and swelling of the gums around the teeth, blood in the urine or stools, and swelling at the ends of the long bones. The swelling is due to a haemorrhage under the periosteum. This at first glance may appear as a swelling of the joint, which often leads to the mistaken diagnosis of arthritis of rheumatic origin. Enlargement of the costo-chondral junctions is also present, but this enlargement is more angular than found with rickets.

Scurvy is caused by a lack of the anti-scorbutic substance. This substance is contained in fresh fruit and vegetable juices. It is practically entirely destroyed by heating. The treatment of scurvy consists in the administration of one-quarter to one-half ounce of orange juice twice a day. The orange juice may be added drop by drop to the cold feeding.

Summary.—Rickets is a disease which is very frequently encountered in infants during the winter months. It involves not only the osseous system but other parts of the body, particularly the nervous and muscular systems. The earliest manifestations of the disease are frequently the result of the involvement of the nervous system. The most important result of

rickets is a general loss of resistance to infection. There is no doubt that this loss of resistance to infection is a very great factor in our infant mortality during the winter months. The disease can be prevented and eradicated from our province by the routine administration at one month of age of one half teaspoonful of cod liver oil three times a day. This should be increased by the third month to one teaspoonful three times a day. The cod liver oil should contain large quantities of the anti-rachitic substance or vitamine. Many specimens contain only small amounts. As rickets occur in both breast-fed and artificially-fed infants, the oil should be administered as a routine measure to every infant. As an adjunct to the above treatment the skin of the infant should be exposed, when possible, to the direct rays of the sun.

Tetany is most frequently encountered in infants from five to nine months of age, during the winter and spring months. The symptoms are: repeated convulsions, spasm of the larynx, hyperirritability of the facial muscles, and carpopedal spasm. The treatment of the disease has been given in detail. The means adopted for the prevention of rickets will prevent the development of tetany.

Scurvy occurs most frequently in infants from eight to twelve months of age. The most prominent symptoms are: pain on being handled, bleeding and swelling of the gums around the teeth, and bleeding from other mucous membranes. The disease can be absolutely prevented by the daily administration to every artificially-fed infant of one-quarter to one-half ounce of orange juice. This treatment should be started at four to five months of age.

Conclusion.—In view of the ease with which rickets, tetany and scurvy can be prevented, the development of any one of these diseases in patients under our care must be regarded as a very serious reflection on our professional ability.

The author desires to acknowledge his thanks to Dr. Alan Brown, physician-in-chief, for permission to use the records of the Hospital for Sick Children.

The Treatment of Anaemia

By Dr. E. MILLS, Visiting Staff of the Montreal General Hospital, Montreal

A successful physician of the last century once remarked that the first step in the treatment of disease is diagnosis, that the second is diagnosis, and that the third is diagnosis too. He said this to emphasize the importance of making accurate analysis of the case before attempting to treat it. In a consideration of the treatment of anaemia it is first of all necessary to grasp the fundamental fact that anaemia is not a disease but a sign of disease. One could with as much propriety say that vomiting is a clinical entity. Both vomiting and anaemia are signs, not diagnoses, and it is the first duty of the physician to ascertain the cause of the disease if possible.

The number of diseases in which anaemia occurs at some period or other during their course is almost legion. Among the more acute illnesses may be mentioned intestinal parasitism, septicaemia, rheumatic fever and purpura. Most chronic diseases, such as tuberculosis, syphilis, cancer or chronic tonsillitis, produce in time a considerable anaemia. The diagnosis of anaemia due directly to blood loss is usually

easy, as in haemorrhage from the uterus or lower bowel, but when bleeding is from the stomach or duodenum, as in peptic ulcer, the cause of the anaemia is often less obvious. Then, anaemia may result from disease of the bonemarrow where the blood is formed, such as leukemia and pernicious anaemia. It is therefore of extreme importance to make an early diagnosis, for the success of the treatment, and perchance the life of the patient, may depend upon it. As a general rule, when the cause of the anaemia is treated or removed, the anaemia takes care of itself. In a few cases, the bonemarrow, which produces the blood, must be stimulated. In other instances, although as yet we do not know the cause of the disease, we have learned how to treat it. This is true of pernicious anaemia.

Our present knowledge of the effectiveness of various foods and drugs in the regeneration of blood comes largely from the experimental studies of George Whipple and his collaborators, now of Rochester, N.Y. His method of study was briefly this. He bled dogs of a certain proportion of their blood. He then gave them all an ordinary diet. To some, in addition to this diet, he gave one substance, to others another substance. In this manner he tried out simply the effect of dozens of different foodstuffs, and a number of drugs, such as arsenic and iron in its various forms. He gauged the effect by the rapidity with which the blood loss was restored. In this way it was discovered that liver is by far the best foodstuff to "make blood." This discovery was naturally almost at once applied to the treatment of patients with anaemia, and especially of those types of anaemia resulting from disease of the blood forming organs, such as pernicious anaemia, or where the cause could not be determined. To make a long story short, liver was discovered to have an immediate and marked effect on pernicious anaemia. It causes an abundance of fresh young red blood cells to appear in the blood to replace those destroyed, so that soon the normal numbers are present. The reason why it does this is not known. It does not bring about a cure of the disease any more than insulin brings about a cure of diabetes, for, so far as is known, it does not remove the cause. Hence the treatment must be kept up indefinitely.

The liver should be taken in fairly large amounts daily until the blood has been restored to the normal level. From eight to ten ounces daily is recommended. After the normal blood level has been reached the amount may be reduced. What is adequate to maintain it in one individual may be insufficient in another. A fortnightly estimation of the blood will tell whether sufficient is being taken.

The liver may be prepared in any way which suits the palate of the patient. Raw liver is hardly more efficient than when it is cooked. It should not be boiled, however, as some of its potency passes into the water. It is now being taken in many forms, viz., ground up in soup, in the form of sandwiches, as a cocktail, and even mixed into chocolate ice cream.

Within the past year there has come on the market an extract of liver which contains the substance beneficial in pernicious anaemia. This is superior to liver only in that it can be taken in larger amounts than can liver, and allows for a more liberal diet. It can also be tolerated by very anaemic patients who would not digest liver, or by those suffering from nephritis, where liver is almost contra-indicated on account of its bad effect on the latter disease.

On the whole, the use of liver as a therapeutic agent in pernicious anaemia opened up for patients with this disease an era of hope and of comparative health.

The Nurse and Her Opportunities

By ELIZABETH L. SMELLIE, Ottawa

This title was apparently chosen with the idea of giving broad scope to the speaker. Only one aspect of it—the question of responsibility as to vocational guidance of the prospective and younger graduate—is dealt with here.

Whether institutional, private duty or public health nurses, we are fortunate in Canada in being linked together so intimately as we are in one co-ordinating parent body, the Canadian Nurses Association. There is no question of rivalry or competition because each type of work has its own peculiar appeal for those interested in that particular branch, and in the opportunities it gives for service as well as for self-development. In the survey recently carried on under the direction of Dr. May Burgess in the United States, certain rather surprising facts are noted which, while the situation may not be precisely the same in Canada, give us reason seriously to think. One point is the possibility of the nursing profession shortly becoming overcrowded. In Dr. Burgess' opinion nurses have never really thought in terms of supply and demand—the demand to a striking degree has always been in their favour. Neither, she says, do most nurses like to think in economic terms. Nevertheless, the tide has turned and registries indicate nurses must look for wider opportunity if the profession is to remain on an economically sound basis.

One sometimes hears that nurses are flocking into the public health field. In 1927 there were 725 nurses enrolled as members of the provincial associations of the Public Health Section of the Canadian Nurses Association. How that compares with the number engaged in other types of nursing work in Canada is not known. Dr. Burgess' survey of hospital and private duty nurses gives the proportionate number engaged in private duty as 54%, institutional work 23%, public health 19%, other professions 4%. This should be a fairly general estimate. The private duty being the largest group is thus apt to be the first to suffer should there be unemployment. Reference was also made in the report to the fact that while there are a number of applicants for public health positions in the U.S.A., comparatively few have adequate preparation to assume them. This is undoubtedly the case in Canada and therefore we should face it; find out the reason both for the shortage of well-qualified nurses available for the public health field, and also for the apparent lack of knowledge as to the work and its requirements. Is there any way this condition of affairs can be obviated? A British nurse, at a round table conference in Geneva last year, urged that the importance be emphasized of planning for the new graduate until she is adjusted, just as carefully as for the undergraduate student. This suggestion was received with interest and in the above connection suggests possibilities.

One notes at certain times of the year from the increase of applications, that there seem to be numbers of free lance nurses seeking employment either because they are without work or else because they wish to make a change. They then seek public health positions and are extremely surprised to learn that they are not qualified but need to have additional preparation. True, there is a variety of work from which to choose: that undertaken by provincial departments, municipal depart-

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ments, the Red Cross, the Victorian Order; special types of work such as school, infant welfare, industrial work and so on. But a nurse needs to be first of all a graduate of a recognized school giving a good general training, preferably with specialized experience in obstetrics, pediatrics and communicable disease nursing. She must register in her province, have a period of practical experience on a well-supervised city staff and by all means take post-graduate public health training at a university if it is humanly possible. If she is keen and ambitious she will realize the need of this herself, particularly if she is to do administrative work or to be in an isolated community. Post-graduate training alone can not produce what is non-existent in the beginning; for instance, instil qualities of leadership or entirely modify a disposition. There are not a great many administrative positions in Canada just yet. Nevertheless, for workers in the public health field, as in institutional nursing, there is prospect of good leadership, and of advancement. At the present time it would appear that some look upon public health as a refuge for the mentally or physically weary, rather than as a challenge to the youthful, energetic, adaptable and physically fit, to meet the need existing in every province in Canada for additional well-qualified recruits.

Let us consider the question from another angle. Are all of us, hospital superintendents, instructors, head nurses in training schools, and those outside, actually interested in the future careers of young graduates, as well as in their preliminary training? Getting together on any organized plan, or individually; even assuming sufficient responsibility with regard to keeping prospective graduates and alumnae associations informed as to the opportunities awaiting in each nursing field?

Speaking now with special reference to the third field, the claims and fascinations of public health nursing as a career would not appear to be so well interpreted or generally familiar as are those of private duty and institutional work, largely one would presume because of staff nurses being constantly in touch with the institutional and private duty groups in the average hospital; and because of a corresponding lack of contact with public health workers, or complete understanding of their objective on the part of those supervising undergraduates, as well as of the student nurses themselves.

Suppose, then, the question is asked whetner or not a series of well-planned talks on public health nursing and the contribution and relationship of the various groups engaged in it, official and voluntary, is given in the senior year; or if there is undergraduate affiliation, either for observation or practical experience with a public health organization at any time during training, the answer is still very generally, no. Unless those responsible for group instruction are themselves sufficiently aware of newer developments or ready to call upon others to bring it to them, how then is this particular field to be enabled to attract more nurses and to relieve possibly the surplus number apparently disposed to drift at the present time? To indicate how comparatively little is being done throughout Canada to introduce this newer field of work, some references are given from recent letters received from several provinces — east and west. These speak for themselves.

A representative nurse of one province writes, "It can not be said that any organized effort has been made to bring before undergraduate nurses the public health fields open to them as a career. These students certainly do *not* have experience with health organizations during

their training course, nor would it seem possible that they should do outside practical work during their crowded three years." Another provincial representative in a different part of the country states that hospital superintendents would be enthusiastic and welcome speakers on public health subjects, were they available. A third province refers to a plan of affiliation in one city with the local department of health and of hopes for a course of lectures later to run concurrently with the practical work. Still another letter states that members of their provincial department of health are occasionally asked to speak to the pupil nurses in some of the hospitals, but that this is not done systematically each year or at definite intervals. One other, in stating there is no organized effort in her province, feels that public health nurses are *too busy* to devote time to the supervision of pupil nurses' work and also that some could not well undertake the responsibility of handling affiliated work.

In the province of Manitoba a course of ten hours' instruction on public health is given to the senior students of the Brandon General Hospital and to the senior students of four of the Winnipeg hospitals. The Winnipeg General Hospital nurses spend one week with a member of the provincial nursing staff to gain a little insight into public health nursing — also the senior students of the Brandon General Hospital have two to four weeks' experience with the nurses there. The lectures referred to above are given by Miss Russell and Miss Wells of the Provincial Department of Health and are arranged through co-operation of the department with the superintendents of training schools.

There is one other letter to refer to later. These are just given to illustrate that there undoubtedly is opportunity in most of the provinces for extension of knowledge.

Each province has its own official programme and its individual problem. Each has a Public Health Nursing Department whose director is well aware of the nursing needs of that province and of the facilities available to meet them. There are the university centres. Several of these universities have now nursing departments connected with them. There are also the administrative heads of several municipal departments. Of necessity there must be the best possible understanding between the superintendents of training schools and the public health nurses, particularly those in administrative positions. Each needs to have appreciation of the difficulties of the other to realize that on the one side there is a great deal to work in during the crowded three years and that the best-intentioned superintendent in the world can only do *so much*; and from the other point of view that occasional interpretation of the work by a nurse actually in some special field may draw a truer picture of its possibilities than is apt to be the case through a routine series of lectures given by the institutional workers only.

Most provinces in addition to their central administration, have county or section nurses who from time to time are available in the larger centres. The National and Provincial Red Cross Societies have representatives constantly in the field. In certain centres there are leaders in nursing education holding university positions. The provincial registrars go about a good deal. The officers of the Canadian Nurses Association are in various centres and the Victorian Order has representatives in many parts of Canada. In the provincial centres, at least, a plan such as that adopted by Manitoba might well be worked out and certain other occasional speakers

obtained. Some effort might well be made also with regard to reaching high school girls and university women's groups.

One agrees with a point emphasized in a paper given to this group two years ago, that certain health or public health instruction is required for the pupil nurses in the hospital school but that the actual teaching of public health nursing to those students has only place in so far as it improves their preparation for bedside nursing. One also believes that for that very reason opportunity of affiliation in the senior year, because of giving the nurse a different viewpoint on the home aspect of her patient's illness, should make her an additionally valuable nurse. With regard to arrangements for affiliation, however, one stipulation should invariably be that it only be entered into provided it can be carefully worked out and sufficient responsability jointly assumed. It is not recommended that at present every nurse should have this opportunity unless there is indication of exceptional ability and interest. When it is undertaken there should be a return report to the hospital superintendent just as there is from any ward or affiliated hospital. In places where affiliations already exist one notes interest developed, and that this group forms a potential source of future supply. In a letter received from a nurse of wide experience, two paragraphs, to which reference has previously been made, appeal very much. The writer is not known in Canada as a public health nurse. One might say she has the generalized viewpoint. Speaking of her province she states:

"In a few centres there is some valuable experience to be had where the supervision and teaching can be arranged. However, from one busy centre a complaint has been made that the student nurse contact is not an entirely satisfactory way of teaching, or of stimulating interest, and that the public health nurse in charge sometimes feels that little is accomplished and indeed in some instances her own usefulness is handicapped to a certain extent by the attendance of inexperienced and often indifferent nurses at the clinic or in the home. From this complaint, I feel there should be a careful selection made of the nurses who are sent out to take experience in this way and that it is not desirable to give public health teaching to the entire class.

"Where it has been possible to encourage superintendents of training schools to give their students some contact with the work of the health centre, this has been advised; but I believe that a more intelligent grasp of the real meaning of health for the community may be provided for the student by a well-planned course of lectures, supplemented by occasional addresses by experts in the various fields, where affiliations can not be arranged."

These few stimulating sentences are passed on for your information. You will not find absolute agreement on all these points even among public health nurses, nor can one ever feel absolutely satisfied that an ultimate conclusion has been reached. This in a measure accounts for the fascination of public health work. More and more, all the time, is it necessary to keep an open mind, to seize every opportunity to observe, to learn from our own experience, to benefit from that of others, and to realize the need of advancing slowly along sound lines. More than all, in whatever type of nursing engaged, do we need to be conscious of our interdependence, and of the fact that the difficulties or misunderstandings of one section of the nursing group eventually become the responsibility of the larger body, whether they have reference to the relationship with the patient, the physician, the family, the community at large, to the nurse herself or to the official authorities.

Nurses and their Attitude Toward Sex

By LESLIE BELL, Montreal, P.Q.

There are few problems confronting human nature with which nurses are not at some time brought in contact.

One of the most difficult and thorny of these questions with which a nurse has to deal in her role of guide, philosopher and friend, is undoubtedly the question of sex, with all that it implies.

"Like the physician the nurse confronts the imperiousness of the sexual life on every side. Even the armour of strong character, high ideals and clear thinking bears many a dent inflicted on it in the death agonies of some of the lives into which you will be drawn. . . . You are indeed fortunate in being women to whom, thus far at least in the life story of humanity, an open-eyed and earnest idealism has been most truly a birthright." (*Social Hygiene and the Nurse*: Dr. John M. Stokes.)

Venereal disease, masturbation, marital unhappiness, mental conflict and emotional disturbance, are these not factors of prime importance in many of the cases to which nurses must minister? What shall be our answer to such questions as these: "What should I do about my three-and-a-half year old boy who has begun to masturbate?" "What shall I tell my child when she manifests curiosity about the anatomical differences between baby sister and baby brother? How shall I tell her where babies come from?"

Can we as nurses deal intelligently and constructively with such questions unless we ourselves have a healthy attitude of mind regarding these things? And many of us would unhesitatingly say that the first step in acquiring such an attitude is courage. For those brought up in the "old school" of thought, where reticence and modesty were considered all important, it *does* require courage to change one's point of view and discuss frankly and comfortably the problems of sex.

Dr. Van Norman Emery tells us that "the first step in the process of revising our attitudes is the gaining of insight into ourselves. This is often a painful process. Feelings of embarrassment and perhaps shame come to the surface. Until we have frankly faced and analysed our present attitudes . . . until we know what sex has signified to us in terms of feeling and are able to contrast with this what sex should signify if the best interests of society and the individual are to be conserved, we have not the necessary insight to revise intelligently our attitudes towards sex.

Knowledge is the best key to this difficult problem. As we acquire new facts through reading or discussion, we shall be reminded of many personal experiences long since forgotten. As our re-education proceeds through the co-relating of old experience with new facts, we shall gain new and wholesome attitudes toward sex. We shall become more objective, more honest minded. We shall develop new and more useful habits of feeling about sex." (Revising our Attitude towards Sex. *Mental Hygiene*, April, 1927.)

One very important point to keep in mind is that one's attitude should be kept free from emotion as far as this is possible. Why should the whole matter of sex be bound up with such intensity of feeling? We do not treat our other "instinctive drives" in the same way. We do not, generally speaking, fear or conceal our perfectly legitimate desire for food and drink. We give it natural and wholesome expression. As a result in normal, healthy adults it sinks into its proper place in life, neither unduly obtruding itself upon consciousness nor mistakenly struggled against.

Nor do we, excepting in exceptional cases, have to suppress the instinct for self-preservation. On the contrary "Safety first" has become the modern slogan. (The fact that this instinct did for a time have to be so violently and continuously suppressed accounts for a goodly number of the war neuroses.)

"Sex has been man's greatest blind-spot. All ideas and attitudes associated with sex are surcharged with strong emotions which make them obstinate forces. Nowhere is clear thinking more necessary and nowhere is it more difficult. It is imperative that we revise our attitude towards sex." (Revising our Attitude towards Sex. *Mental Hygienè*, April, 1927.)

If we accept the evidence of physicians, social workers, jurists and alienists, we must acknowledge that *sex* is at the bottom of a great number of the ills from which the world is suffering: ills which we as nurses have a major interest in combating and preventing.

Because the reproductive instinct is of all natural impulses the one which is most determinedly suppressed, and the one with regard to which mankind has perhaps gone furthest astray, for that reason it has become the most prolific source of mental, social and physical ills. "When we come to investigate the mental factors that enter into the causation of nervous and mental diseases, we find that conflicts over sex are very prominent. In a large number of cases mental symptoms are the result of the battle the patient is continually waging between his desires and the inhibitions that are necessary if social standards are to be maintained. All human beings have this battle to fight. Most people adjust this problem in a more or less satisfactory way, but many fail. We call them insane or criminal, their behaviour is anti-social. Their mental symptoms are due, however, to their unwholesome attitudes toward sex, and not, as is popularly supposed, to over-indulgence in childish sex behaviour." (ibid.)

From many different points of view this subject is being discussed. In a newspaper article on Art the following appears: "It is astonishing that in this day of mental hygiene and liberal sex education, the prurient conception of the human figure still persists. Of course it is true that such a state of mind exists largely among the members of the older generation who were brought up according to a notion which, in the judgment of modern pathological and psychological authorities, is highly injurious psychically: the notion that the natural instincts are inherently evil and should be repressed out of all proportion. This belief, indeed, has always been the shaky pillar in the structure of Western morality. As a result, the history of our society reveals itself as a succession of periods of alternating fanatic repression and unbridled license. It is not the way of a stable and enduring civilization, and modern students of society are convinced of the vital necessity of something like a golden mean between the two. No sound morality will ever be built up that takes as its premise the theory that the biological processes are degrading and that as a corollary the human figure partakes of the obscene." (*Toronto Saturday Night*, September 24th, 1927.)

From such considerations as these we come to the practical application. How can we best help those with whom we come in contact to a sane conception of the meaning and implication of sex? How can we, nurses, most fittingly present the subject to the harassed parent who asks our advice and sometimes our assistance in the prickly question of what to tell children regarding the simple facts of life, and *how* to tell it.

It would seem that the first thing to do is to help these puzzled people to look into their own attitude towards the whole subject of sexual re-

lationship and reproduction. Are they, perhaps, confusing sexual with sensual? We can show them the importance of clear thinking.

Again, may we not ask them whether their difficulty arises because they really regard the thing in itself as distasteful and therefore to be avoided, or whether the trouble is not chiefly because of their inability to express themselves on this topic plainly and without emotional colouring?

To the latter it is sometimes helpful and illuminating to give them something in the way of a biological background. Lead them to a consideration of the wonder and beauty of natural processes and the perfection of Nature's workings. Let us present this whole question to them, as Dr. H. Crichton Miller puts it, "on a basis of progressive evolutionary idealism."

With those who are sincerely averse to any such freedom of speech in regard to their children's questions, perhaps the best we can do is to point out the evil results of prevarication and half truths.

If parents and teachers can be helped to realize that by giving way to their own emotional reactions, by allowing prejudices and preconceived notions to dictate their conduct, they are jeopardizing their children's future mental and physical well-being and planting the seeds of serious difficulties in later life, they may in time come to a different attitude. May we not ask them if it is to be assumed that reproduction with all that it implies is distasteful and repulsive, something about which we must hedge and prevaricate, then must it not also follow that parenthood partakes of this opprobium too? But we know that this is not so, for to most healthy women wifehood and motherhood present the fulfilment of the best life has to offer.

And yet reproduction without sex would be unthinkable.

We can also be of comfort to those people who find themselves torn between what to them seems loyalty to their desire to do the best for their children, by assuring them that the old ideals were not, are not, wrong; they have rendered invaluable service, they are to be replaced, superseded, only in the sense that they are to be more fully rounded out, completed by relieving them of certain implications which we now recognize as false. (*The Mental Hygiene of Childhood*: W. White, p. 185).

The idea that the child is a sexless human being is wrong. The normal tendencies of childhood, of which sexuality is one, cannot be properly directed until they are understood, and they will not be understood until we recognize that a child has not yet developed to that stage in which moral and social standards are recognized.

"These problems are not easy of solution. To see the facts and to deal with them requires intelligence, effort, love, self-sacrifice." (ibid.)

When it comes to the exact words in which to explain the phenomenon of generation and birth, each parent must find his own way. The important thing to keep before one is to tell the truth and not try to improve Nature. If the child is told that the baby grows under mother's heart and later finds out that this is not true, it is more than likely to get the idea that there must be something not very nice about the part of the body in which baby does grow. After all, what is there to be afraid of in the simple truth that the father plants a tiny seed in the mother's body and that this seed, joined with another already in the mother's body finally develops into a baby ready to come into the world? It is not so very difficult to tell a child the function of the male structure, and a sense of the high purpose of these organs is much more likely to result from such teaching than from some ill-explained and shaky falsehood, or from that most

baffling of all answers: "You are not old enough to be told." It has been well said by someone: "Happy is that child who is not left to draw its own conclusions from the silence and evasiveness of his parents." Occasionally a nurse discovers that her little patient indulges in masturbation. Or perhaps it may be a worried mother who seeks the nurse's advice in correcting this habit in her child. What can be done about this habit which causes parents so much concern?

First of all any demonstration of shocked surprise on the part of the parent should be strongly deprecated. Punishment also is to be avoided, because "severe punishment and frightening a child will not solve his sex problems." (Revising our Attitude towards Sex: *Mental Hygiene*, April, 1927.)

This may sound simple enough, but nevertheless an affectionate and conscientious parent finds it decidedly difficult to preserve the desired equanimity in the face of such a discovery. We have, however, very good authority for saying that nothing is accomplished by a display of anger or horrified surprise, and it may help such parents to point out that the dangers of masturbation have been greatly exaggerated. In "The Sexual Life of the Child," Dr. Moll tells us that "there is hardly a single organ of the body the diseases of which have not been by many attributed to masturbation. In reality all this is false. . . . We have to take into account the fact that a youthful masturbator subsequently exhibits nervous manifestations; these often result from the anxiety he has experienced on being informed of the serious consequences of his practices. Not masturbation itself, but fear of the effects, is here responsible for the resulting injury to health. The dangers of masturbation must not be underestimated, but exaggeration must be equally avoided."

We have the authority of Benjamin Gruenberg for saying that "such practices should not cause alarm on the part of the parents, nor should the child be made aware of doing something reprehensible. They indicate the need for helping the child find greater satisfaction in a different use of his hands—for substitution, not repression." (Parents and Sex Education, ch. 5.)

What are some of the ways of helping a child find greater satisfaction in a different use of his hands?

One mother found a good substitute activity in getting her small daughter to hug her dolly instead. Sometimes more companionship with children of the same age has salutary effect.

See that the child has wholesome occupations to employ his energies. "Satan finds some mischief still for idle hands to do." If the child has not been provided with any means of interesting and entertaining itself it is likely to occupy the time in the easiest and pleasantest way it knows.

Be sure that the clothes of the child fit properly and that they are comfortable. If the child is very young caution the mother against leaving it in soiled and wet diapers.

Find out if the child's playthings are suited to its age. The things which interest children vary according to age and temperament, a toy which is beyond it cannot hold the child's interest.

Perhaps the child has been left too long lying in bed in the dark after it awakens in the morning. If it wakens early see that something desirable is at hand to engage its attention till it is time to get up.

It is important to find out when the habit began and if there is any concurrent emotional disturbance or behaviour symptom such as neurosis or temper displays. If the habit persists obstinately the person who has care of the child should be urged to consult a good psychiatrist.

While we must, as already stated, guard against exaggeration, we must not, on the other hand, close our eyes to the mischievous results which may sometimes follow.

In concluding this review of the importance, to a nurse, of a right attitude towards sex, we may fittingly remind ourselves that "experience has shown that individuals cannot be educated to insight in any sphere by legislation or by whirlwind campaigns or propaganda. They are taught by the quiet persistence of simple contacts with you and me and thousands of other people who know in what we believe." (Dr. E. L. Richards in *Mental Hygiene*, January, 1927.)

Book Reviews

Clinical Studies for Nurses for second and third year pupil nurses. By Charlotte A. Aikens, R.N., formerly Superintendent of Columbia Hospital, Pittsburgh; sixth edition, illustrated, 607 pages; $3.25. London and Philadelphia, W. B. Saunders Company, 1928; Canadian agents, McAinsh & Company, Limited, Toronto.

Very cleverly arranged in sections. At the end of each section several pages have been left blank for notes.

Important points are illustrated, making the book more interesting to students. Suggestions to teachers found in the introduction bring out the essential points in clinical work.

Section 1 attracts the attention immediately by the title Disease and its Manifestations. In the following chapters the most common diseases are clearly defined, giving characteristics, symptoms, complications and prophylaxis, as well as the management of each disease, in so far as the nurse is concerned; also general instructions as to the diet.

Section 2—Obstetrics, Gynecology and Diseases of Children are presented with continuity and interest. After a short description of the reproductive system, pregnancy is followed step by step, including hygiene, which is such an important factor in pre-natal work. The duties of the nurse are clearly traced during pregnancy, continuing through the chapter on the management of normal labour, care of the baby and post-natal care. References to complications are not omitted. The succeeding chapters on Gynecology and Diseases of Children cover all that is essential, including points to be remembered in nursing, also teaches how to handle children, which is so necessary for success in this particular branch.

Section 3—Surgical Nursing and procedures are carefully explained. The heading, "Surgical Fevers," catches the eye. What are they? Sapremia, peritonitis, wound infection. Fractures and bandaging are not forgotten or nursing in orthopedics, directing the proper nursing care.

Section 4—Physical therapeutics, massage, nursing in nervous and mental diseases are presented in the most practical manner, helping the nurse to study and to assimilate these important subjects.

Section 5 is composed entirely of questions for self-examination and review, which is a valuable asset to the book. The appendix contains very helpful instructions.

Chemistry for Nurses and Students of Home Economics, by Annie Louise Macleod. Published by McGraw-Hill Book Co. Inc., New York, N.Y. Price $2.50 (241 pp.)

Money and Investments

By JOHN BAIN, Trustee of the Ottawa Civic Hospital, Ottawa.

Ladies, first I must ask your forbearance. This is really the first time I have addressed a gathering made up entirely of ladies. I shall not try to make an oration—there are very few real orators—and I do not wish to use flowery language. I should just like to have a chat.

I never think of nurses but the little couplet of the greatest of Scottish poets comes into my mind:

"O woman, in our hours of ease,
Uncertain, coy and hard to please,
When pain and anguish wring the brow,
A ministering angel thou."

How to Make Money: The first thing is "how to make money." It should be the ambition of every normal person to make money because money means independence, and independence is one of the biggest things in the world. Burns says:

"Gather gear by every wile
That's justified by honour;
Not for to hide it in a hedge,
Nor for a train attendant;
But for the glorious privilege
Of being independent."

When you have money it means that you can surround yourself with comfort and cultural things. With money you are a real human unit; without it life is often very drab and dull.

I suppose there is no subject more common than money. The whole adjectival vocabulary has been exhausted in describing it. It has been damned and blessed. You have been told that it is the root of all evil, and also that it is one of the greatest blessings. I do believe it is a great blessing when used properly. Young ladies, do not spoil your youth, because youth comes only once, but always remember that you will be old some day and that without money you will be dependent on others, even for bread and butter. "Gather gear by every wile that's justified by honour."

What to do With Your Money: The second thing is, "What to do with your money." The first thing to do when you have surplus money is to invest it quickly but safely. Have it working for you as soon as possible, but where you can put your hands on it when you need it. The safest forms of investment are bonds of your own country, a piece of paper which will earn for you 4½% or 5% interest. One thousand dollars brings in as much as forty-five dollars every year without toiling or spinning. Twenty of these bring in as much as the average person working from nine to six o'clock would earn in a year. One hundred dollars invested today safely at 6% doubles itself in eleven and one-half years.

There are various degrees of what are called gilt-edged bonds. There is a law in England and rules in the courts in Canada which prevent trustees of estates from investing in anything but trustee bonds which are gilt edged. Various gilt-edged securities are: Bonds of Canada, United States and England.

Then you have provincial bonds, with the credit of the province behind them; municipal bonds, railway bonds, nearly all good; bonds of industrial companies, debentures in a good concern; first, second and third mortgage bonds; bonds with a sinking fund; also bonds with a bonus. Preferred stock at 6% to 8% interest is second grade security. The test of a security is "Can you sleep at night?"

The difference between preferred stock and bonds is that the stock has a higher rate of interest. The higher the rate of interest the greater the risk.

The next security is common stock. Some firms have no bonds or prefer-

(Address given before a meeting of District No. 8, Registered Nurses Association of Ontario, February 13, 1928.)

red stocks, but common stock. These are generally speculative. Most money is made from these, but you are always taking a chance. I do not know if you will agree with me when I say that for the most part our life is a gamble. A tremendous amount of money can be made from common stock. When I first came to this fair city I could have bought certain stock for $35.00 a share; now it is over $200.00 a share. I think I had the wit to buy it, but I did not have the money! Stock may be manipulated up and down on the stock market and unless you are well protected you will be beaten. All stocks are more or less speculative.

There is another form of investment: that is a mortgage on a home or property. To this there are many objections. You may know the man to be decent and industrious and that he tries to pay his interest, but he may lose his position or die before his time, and there you are with a home on your hands which may depreciate in value or the neighbourhood may become undesirable. You may have trouble collecting the interest as some people have trouble collecting rent. It is not a form of investment I like, although in some places an 8% return on mortgages is realized.

Suppose you had one thousand dollars and you could invest it in a government bond which will give you $45.00 interest every year or take a mortgage for $60.00 a year interest. Is not the safety and security of the government bond better than $15.00?

The Hazards of Speculation: Frankly, I think that in a very short time, in about ten years, Canada will be the greatest mining country in the world. The production of Canadian mines may even in time be greater than the production of Canadian farms. But in the meantime there will be a good many people bitten.

Do you know that the value of gold is determined by the cost to produce it? That is a statement I heard the late Sir Charles Tupper make in the House of Commons about the Yukon mines. Many made fortunes but many made nothing. If you balance up all expenditures it will show that "the value of gold is largely determined by the cost of production."

Another thing that may interest you is that it is very difficult to tell when you have a gold mine. It takes $350,000 expenditure before you can tell if there is a gold mine. Most of the lucky strikes we read about in the papers should be taken *cum grano salis*. Do you know how mining prospecting is done? I shall tell you.

A hardy outdoor man comes to a man in town who has some money and says, "I saw some promising stuff in ———. If you will stake me I will prospect it for you." The town man agrees to provide grub and a camp and money for the summer and the prospector records it in the town man's name. The prospector gets 25% of the profits.

I do not think that there is any doubt that we are the principal producers of asbestos and nickel, and it will not be very long before we are the chief producers of copper. Money taken out of the ground is wealth. Wealth is taken from the ground, the mines, forests and the sea. That is elementary wealth. My advice is to steer clear of mining stocks unless they are good. Of course some mines have proven to be sound and are producing splendid results. I would not want to discourage any one from taking a flutter in mining stocks but it might be well to remember Mark Twain's description of a mine, "A hole in the ground owned by a liar."

Inventors: Another thing to keep away from are inventors. All over the world there are inventors. They frequently have a one-track mind and know only one subject. They are a bit of a nuisance. Out of one thousand patents taken out for inventions one will prove useful.

Another form of investment I am opposed to is lending money to

friends. Do not lend money too freely to your friends. By doing so you very often convert them into enemies. Be generous but also be just.

Another way of making money is to invest in a partnership in business. Don't do it unless you know something about the business. If you are entirely dependent upon the other fellow to run the business you have very little show.

Look to the convertibility of your money. An accident or illness may occur when you will need it. See that your securities are readily convertible. You can go to any bank and get a loan on a government bond, municipal bond, or a good industrial bond.

Stock Market: You should know something about the stock market. On the stock market there are bulls and bears. A bull is a person who is buying a stock expecting to sell at a profit. A bear is one who sells stock that he doesn't have expecting to buy at a profit.

The stock market is no place for women. It is too full of dynamite. When a stock climbs quickly and then comes tumbling down, keep away. You can't sleep at nights. You must not hope to make a hundred dollars out of one in a week.

But above all take to heart my advice to cultivate the ambition to be independent. Independence means the full expression of your individuality; it means that you can surround yourself with culture, comfort and happiness. Now do not be like the old Scotsman who went to the doctor for advice. The doctor said, "Thomas, you will have to give up drinking whiskey or you will go blind." Thomas looked sorrowful and prepared to go. The doctor said as he was leaving, "But, Thomas, I usually get paid for my advice." "But I'm no going to follow it, doctor," said Thomas.

"THE IDEAL NURSE"

(Editor's Note—The following little essay in allegorical vein was written by a probationer at the Toronto Western Hospital. Readers might be tempted to infer that the lines were inspired by Bunyan's "Pilgrim's Progress." Strangely enough, this is not so, the young writer being unacquainted with that old classic, having, as she affirmed, never read it.)

Among the many Paths of Life, we find that one which leads to the Ideal Nurse. The young woman who would succeed in reaching this goal must sacrifice herself to *Service to Humanity*.

Before starting on the journey, she must shoulder *Responsibility*, and choose for her guide, *Experience*. Her companions must be *Honesty*, *Sincerity*, *Loyalty* and *Courage;* her messengers, *Love* and *Cheerfulness*. Wrapped in Physical and Mental Cleanliness, capped with Intelligence, and supported by Conscientiousness and Will, she sets out to reach her goal.

Experience does not always lead one over smooth roads. If she is not careful she may stumble in the ruts of Gossip, Jealousy and Envy, and once she has fallen she can never take up the journey again.

As she proceeds along the pathway she adds still further to her companions: Patience, Tolerance and Tact, whom she learns of from her guide, Experience. Unpleasant obstacles present themselves at every turn and these must be passed before the end of the path can be reached. The River of Fear runs close beside her during the first part of the journey, but guided by Experience, she crosses it and leaves it far behind, just an unpleasant memory. From the Valley of Humility she views the top of the hill where the path ends. The road through the Valley is rough and at times discouraging, but Perseverance spurs her on.

Finally she reaches the top of the hill and the end of her journey. Her reward is the Crown of Ideal Womanhood, her title "The Ideal Nurse."

Liquid Diet

By Sister MARY ELIZABETH, St. Joseph's Hospital, Glace Bay, N.S.

The insipid and monotonous liquid diet which has been so often discussed by doctors, dietitians and nurses has been compared to the weather, which Mark Twain humourously deplored in his declaration that everybody talked about it but nobody remedied it. The same routine continues to be served. Whilst the aptness of this comparison may be questioned, the fact remains that weather conditions in every clime and country cannot be changed (even here in the "Garden of the Gulf"), except by the Master Hand of Him who created all things, but happily for us, it has become a simple art of His creature to vary the liquid diet according to taste and circumstances.

In cases requiring a special diet, the idea in prescribing and planning is to make it fit the patient's needs; but when a liquid diet is called for, little or no attention is paid to these same needs. In some instances liquids are given merely as a stimulant, to enable the patient to pass through a critical period: probably a period of only a day or two in which the lack of food is not so serious as would be the lack of liquids upon the digestive organs. In other instances the patient requires a highly nutritious diet that must be in liquid form, as in diseases accompanied by a high temperature; or he may not be able to utilize food at regular meal hours in sufficient quantities to meet his physical requirements, and this desire for food is supplemented by nourishment between meals. Again, a patient may have no desire for food, and refuse to make necessary effort to eat his meals: an attractive liquid with a piquant flavor may at least stimulate his appetite and induce him to eat other food, regardless of the effort; or it may serve as a means of providing the body with the fluid it requires, which might otherwise be lacking.

Conditions varying so widely call for special consideration, implying thought and care, but not necessarily a great deal of additional work. Milk, for instance, is high in food value but bland in flavour, and one may soon tire of it, especially if ill and appetite not normal. There are many different ways of serving milk that have all the virtues of the time-worn egg nog, but lack its vice—monotony. It shall tell you about the methods of preparation later. A liquid diet implies a condition of the digestive tract that calls for minimum exertion. During the process in which dry milk is prepared, the fat emulsion is broken up and the casein reduced to a fine flocculent precipitate, thus making both elements more readily digested. Then it is a standardized product, and with the ordinary care in dissolving, produces uniform results that are not always obtainable with fluid milk. A liquid diet prescribed for stimulation only is rarely required for more than two or three days, but this is no reason why it should not have a pleasing flavour and some variety.

The broths may be made more palatable by the addition of celery salt or by cooking some of the outside stalks of celery with the meats, then straining off the broth. Gruels may have a table-spoon of broth, beef juice, or grape juice added. If nutrition is the object, chocolate and fruit juices may be combined with milk and eggs in innumerable ways, and served as drinks or frozen mixtures. Cream soups, made of vegetables, strained through a fine strainer, or mashed finely, are excellent

(Read by Sister Mary Elizabeth, dietitian, St. Joseph's Hospital, at the Maritime Conference of the Catholic Hospital Association, Charlottetown, P.E.I., June 20-22, 1928.)

means of providing nourishment when particles of solid foods are permissible. The water in which the vegetables are cooked may be used for the white sauce, thereby improving the flavour. If cream is substituted for milk, the caloric value will be increased and the nutritive value will be otherwise changed. Lactose and cream are valuable, and here, too, chocolate and fruit juices may be utilized. Gelatine as a supplementary protein and as an aid to digestion may be used to advantage in these diets, one-half a teaspoonful to each serving of broth, gruel or orange juice, and the proportions of one tablespoonful to one quart of milk.

In both medical and post-operative cases the liquid diet is usually followed by soft diet. Considering the personal element is essential in serving liquids and soft diets as well as in other special diets: not all patients and certainly not all conditions will permit of every suggestion we have made, but there are enough varieties offered from which to select and which should help to curtail the uniformity of service to which everyone objects. The diets may be used for post-operative and gastro-intestinal cases, typhoid or other conditions requiring easily digested, highly nourishing foods that are well assimilated. We have many recipes which are suitable for this purpose, a few of which we are showing later on, prepared and ready for use.

In our hospital the broths, gruels, cream soups and frozen desserts are prepared in the main kitchen. Every morning each floor supervisor writes her list of special orders on the blackboard in the kitchen; she also specifies the time they are required. The student nurse who is serving her time in the dietetic department prepares these foods and sends them to the different floors when required. In the serving rooms we have posted a list of suggestions for liquid diets, also the recipes and methods of preparation and the number of calories which an average serving yields. The information is typewritten on heavy white paper and pasted on cardboard procured from the discarded box of x-ray films. It is covered with isinglass and bound with passe partout, thus protecting the paper from soil and misuse. Previous to her work in the serving room the student nurse has been shown by demonstration how these liquids are to be prepared, and the printed directions are useful as an aid to memory. We find that this system works well. It helps the nurse to realize that a patient even though on liquid diet can be given foods which contain as much nourishment as the well balanced meal served his neighbour in the bed nearby. It also fixes in her mind a true understanding of the word "calories," and the nutritive value of the different foods.

Needless to say, the patient, who is the most important person concerned, receives the greatest benefit, and I think it can be safely said that we have succeeded to a certain extent in relieving the monotony of the liquid diet.

THE CANADIAN PUBLIC HEALTH ASSOCIATION

meets in

WINNIPEG, October 11th, 12th, 13th, 1928.

Health Teaching in School Fetes

By ANNIE G. DOVE, Toronto*

School fêtes sometimes afford a good opportunity for health teaching, as among the many hundreds who throng such affairs there are always some who welcome the chance of adding to their store of knowledge.

Some months ago, when the home and school club of one of our schools decided on a fête as the best means of raising money to add some special equipment to the school, the public health nurse, taking advantage of the opportunity, asked the committee for the necessary space for a health exhibit. In spite of the fact that her exhibit was not money-making, accommodation was readily granted. Three classrooms in close proximity to the "Health Service" room were allotted to her and in these the exhibits were arranged, planned with the idea of giving helpful hints from infancy to adult life.

In one were arranged the dainty little garments suitable for the baby, and, nearby, paper patterns and directions for making them. The scales, close at hand, pointed out the necessity for frequent weighing, while the literature distributed gave directions on general care and feeding. The bathing of the baby proved quite an attraction, a large celluloid doll being used for the purpose. This was done by young girls who had had previous instruction by the nurse in Junior Health League classes.

For the pre-school child the value of examination was stressed by charts and large posters. Attention was also drawn to the need for vaccination and toxoid. Attractively arranged on a table for these little people, breakfast, dinner and supper were found, showing not only the kind of food but also the servings for the normal child.

In the room devoted to the school child there were also samples of meals suited to his requirements. There, too, were found posters, charts and literature. An interesting demonstration on brushing the teeth was given by children under the direction of one of the school dentists. Close at hand also some of the work of Junior Red Cross members was displayed by the nurse who has charge of the organizing of these classes in the schools.

Posters and literature stressing the need of periodic examinations in adult life provided an attraction in another room. In every section a nurse was present to answer questions or give any information.

Probably the room that attracted most attention was that under the direction of the organizer of Red Cross Home Nursing Classes. There, helpful hints in plenty were given on how to manage in the sick room. Many stopped to watch the making of mustard plasters and linseed poultices, but the chief centre of interest was the bed in which there lay a dainty little girl patient, looking very comfortable with a back rest which on examination proved to be only a wash-board; and a bed-table — an ironing-board supported on chairs. Her tray, daintily served, gave suggestions on how to tempt the invalid.

For several hours, in spite of the attractions of other parts of the building, a constant stream of people found their way into the health section. Judging by the questions asked, the interest displayed was such as to make the work seem very much worth-while. Members of home and school clubs from other parts of the city were stimulated to ask for similar exhibits. Already the experiment has been repeated in at least one school.

(*Superintendent, Runnymede District Public Health Nursing Department, Toronto.)

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

The Evaluation of Types of Examination Questions

By FRANCES L. REED, Superintendent of Nurses, Woman's Hospital, Westmount, P.Q.

In considering the subject, the Evaluation of Various Types of Examination Questions, we must first define the functions of examinations. We should think of the examination as being not only a test of knowledge acquired, but also a test of the ability of the student to use and apply that knowledge.

The first principle underlying the preparation of any examination paper involves the analyzing of the objects of the course, and constructing the questions so as best to measure the extent to which these objectives have been fulfilled.

Another important factor is that any examination must measure exactly what it sets out to measure, and that all irrelevant factors should be eliminated. That is, if the purpose of the examiner is to test the knowledge and ability of the student to use that knowledge, the examiner should not be influenced by such things as neatness, arrangement, handwriting, etc. These things should be measured separately. To be reliable the examination should be so constructed that a scale can be provided which when used by more than one person should arrive at the same result. It is well known that groups of papers sent to various examiners, may vary greatly as to grading. In one case quoted in D. Starch's book on Education Psychology, a geometry paper examined by 116 teachers varied from 28 to 92 marks.

The third important principle is that the examination should be comprehensive, i.e., the questions asked should represent every phase of the subject matter. To uphold this principle it is evident that a large number of short questions which require brief answers would cover the subject better than a few questions which require long answers.

The best examination also economizes the time and energy of the teacher as well as the student.

We are all familiar (only too familiar, I am sure) with the old traditional type of examination which was used until comparatively recently, and is still in some schools the chief means of examining the student. While this does test the ability of the student to think and reason in the subject matter of the course it does not provide means for testing adequately her knowledge of the subject. It is almost impossible to make this type of examination fairly comprehensive without asking the student to write until she is very greatly fatigued. Those of us who have used this means of examining students know how much irrelevant material can be and very frequently is incorporated into the answers given, and how very often one has to search among such for the points which will give an idea of the student's knowledge of the subject. It is also very easy in this type of answers to be influenced by the general arrangement and appearance of neatness which the papers may or may not present, and which should have no consideration at this time.

Lengthy answers mean not only an extra amount of the student's time, but also involve a great deal

(Read before the Nursing Education Section C.N.A., General Meeting, 1928.)

of the instructor's time in correcting the papers. Therefore this type of examination does not score with relation to the principles involving economy of time and effort. There is also considerable possibility of misinterpreting the question (if it is not most carefully worded) as we know from the varieties of answers given. The chief use of this traditional essay type is in testing on principles, and the application of those principles, and in testing the thoroughness with which these have been learned. It tests the ability of the student to quickly organize subject matter and to express herself in concise terms, and also is a test in composition, language and vocabulary

Recall Type of Examination Question: By this is meant the examination where the student supplies her own answer as distinguished from the Recognition Type when one or more answers are given from which the student selects the correct one. The traditional essay type of question which we were discussing is of the recall type.

New Type Examination Question: In the new type of examination the most common form used is the Completion Type: here a statement is made with important words or parts omitted and the student is asked to fill in the blanks so as to complete the statement.

Example 1: Instead of asking as in the old form: What is the conjunctiva? we say: The thin membrane lining the evelids and covering the front portion of the eyeball is the.....

The question requires a single word as the answer. Most of the writing is done for the student.

Example 2: The internal secretion of the pancreas is called.....

Example 3: The..... and ..... arteries carry blood to the lungs.

This type can be well used not only to test the memory of the student but also to test her ability to apply principles.

Advantages: 1. As many questions can be given covering large fields it tests the pupil's knowledge in every phase of the course.

2. Little time is spent in writing, therefore it is an economy of pupil's time and it is very easy to score.

Disadvantages: 1. Difficulties in preparing questions, but facility comes with practise.

2. No test to consecutive thinking.

3. The expenditure of teacher's time in preparing questions, but this is over-balanced by the rapidity with which the papers can be corrected.

Recognition Type

True-False Type: Here a statement is made and the student must judge as to its correstness or otherwise. The letters "T" and "F" precede each statement, with the directions to encircle the letter "T" if the statement is true, the latter "F" if the statement is false. Of course, if the statement is in the main correct, but contains even one word incorrect, it must be counted as false.

Example: F. The function of red blood cells is to carry oxygen, or one may say: T. The function of white blood cells is to carry oxygen, or T. The pericardium is a mucous sac surrounding the heart.

In formulating a false statement, the sentence must not be so obviously false that one who has little knowledge of the subject would recognize its falsity. As the purpose is to get the relative grades of the students, as well as to see if they have sufficient knowledge to pass the examination, or make a given percentage, these finer distinctions will be of value, for it is only the better students who will rank high under these circumstances.

Advantages: 1. Economy of student's time, as no time is used in writing. Time is really spent in thinking and reasoning.

2. Helps in the grading of relative reasoning abilities of the course.

3. Ease of scoring.

Disadvantages: 1. As there is a choice of only two answers, the element of guessing may be present to a great degree.

2. This is one of the recognition type and is less a test of actual knowledge, as it is always easier to recognize a word than to recall one.

Recognition Type

Single Choice Type: A statement is made with four or five alternative answers numbered, only one of which is correct. The student is required to underline the one which she considers to be correct.

Example: The test used for the presence of anti-bodies in the blood in typhoid fever is the (1) Wasserman, (2) the Widal, (3) the Calmette, (4) the Schick.

The student should not only underline the answer but should place in parenthesis in the margin the number of the word. This facilitates the ease with which the papers can be scored. Also it is important that there should be only one correct statement. This type tests the knowledge, reasoning ability and judgment, as many of the alternative statements made will seem very plausible to one only partially informed.

Particular Advantages: Less chance of guessing than the True-False Type.

Disadvantages: Difficulty in formulating statements so that the wrong answers will not be even partially correct.

Plural Choice: This type is very like the single choice recognition, the difference being that two or more correct answers are given as well as alternatives that are wrong.

Example: The following enzymes are contained in the pancreatic juice: amylase, intertase, lipase, trypsin, erepsin.

Advantages: Similar to single choice type. Element of guessing is not so great as in the True-False type.

Disadvantages: That having to underline more than one word prevents the use of a key for scoring, therefore it takes longer to correct.

Matching Type

Recognition Type: This is another type which has considerable value in ascertaining the general knowledge of a subject anatomy.

A list is made of from 20-25 words and numbered consecutively. In a second column a list of words with which the first are associated are arranged in a haphazard manner. The student is asked to write the number of the word in the first column opposite the word in the second column with which it corresponds; that is, she matches the words one against another.

Example: A list of cavities and processes associated with the bones might be made and numbered in the first column, the bones with which these are associated in a haphazard manner in the second.

Advantages: Scoring easier. No writing involved in answering.

Disadvantages: Not advisable where list or terms few as there is too much possibility of guessing.

There is still another form of recognition type which is somewhat used, which takes more ingenuity on the part of the instructor to formulate the questions than any of the others, and that is the analogy type.

Example: Epinephrin is to the supra renal glands as insulin is to pancreas, or infundin is to pituitary gland. Femur is to the acetabulum as the humerus is to the glenoid cavity.

Advantages: Tests not only knowledge but to a fine degree the ability to think in the subject matter. Differentiates between higher grade and inferior student.

Disadvantages: Great difficulty in preparing.

To sum up the advantages of new type: They are more thorough when it comes to testing the knowledge of

the subject; eliminate possibility of irrelevant factors being introduced; when only one answer is possible it leans towards precision and accuracy; less chance of questions being misinterpreted; better means of grading relative abilities of the students; conserve student's and instructor's time; less fatiguing; liked better by the student; and can be corrected by clerk without decreasing accuracy of grading.

Disadvantages: Little test of consecutive thinking, no test of composition or use of English.

It may be considered that the new type questions are the best means of examination on the whole, but their success largely depends upon the instructor in formulating the questions.

Discussion of Miss Reed's Paper on "The Evaluation of Types of Examination Questions."

By OLGA V. LILLY, Instructor, Royal Victoria Maternity Hospital, Montreal.

It is my privilege to draw attention to some of the points bearing discussion in the foregoing paper, a paper which has shown us in a most interesting and interpretative manner the many aspects of an examination.

To my mind there is much to be said in favour of the old type of question (providing the question has been well thought out), and it does not seem feasible that after a comparatively short time in using the new type as against the years of employing the old that we can, as yet, conclusively gauge their relative values. We cannot but agree with much that has been said in favour of the new type and have no cause to deny those advantages that have been outlined to us. However, I think that we are not justified in regarding the new type as definitely superior to the old yet awhile, if indeed, ever.

Let us consider the disadvantages of the old type of question as they have been put before us and see wherein they lie. Perhaps we shall find that the causes are not so very deep-seated. The first disadvantage mentioned is that "the old type does not provide for testing adequately the student's knowledge of the subject." Surely we are more concerned in just how much ready knowledge the student has rather than in that which she can only recall through the examiner's suggestion. If this be so, why endeavour to measure the latter? A second objection lies in the long time required by the student in order to write comprehensively. This does not apply in every case since many students excel in writing briefly as well as to the point and will make a high grade on a paper written within an hour; furthermore, the examiner is chiefly at fault in this respect by not having carefully considered the opportunities given to the student for lengthy answers by reason of the manner of the question. For example, by asking the pupil to "Discuss this or that," "Give several reasons," "Write a note on," and, may we never hear it again, "Tell what you know." The element of time as an objection to the old type can be ruled out as readily as it can be introduced as an argument in favour of the new through the careful wording of questions. By specifying the number of points to be given, such as of symptoms or details of technique,

by requiring that answers be brief and concise, and by limiting, within reason, the period for writing the time and effort on the part of both the examiner and the student will be conserved.

With regard to the introducing of irrelevant matter: this can be almost entirely eliminated by announcing at the commencement of an examination that marks will be deducted for this offence: furthermore, the student should be required to tabulate the main points of an answer, whenever this is possible. This helps the student to acquire the habit of thinking clearly, and tends to remove still another of the disadvantages mentioned, namely, that of the examiner having to search through long answers to find the points of value.

As to the matter of the examiner being influenced by the general arrangement and neatness of the paper, the exercising of a little common sense should be all that is necessary to insure fairness in this respect. To say that neatness or the lack of it should not be at all considered in the grading of a paper is, to my mind, a statement that would bear modifying. I have a strong conviction that if a student were to present a paper devoid of neatness, irrespective of style of handwriting of course, that she should lose the credit, however little, which otherwise she would have earned. Another point in this matter is that, during the student's training, we are endeavouring to form a just opinion of her abilities in all things pertaining to nursing. The student who presents an untidy examination paper will in all probability keep equally untidy ward records. If, through the medium of that paper, we are able to divine this and teach her that it is well worth while to do neat work at all times in nursing, then we can ill afford to ignore such an opportunity.

Another objection to the old type is on the grounds of "the possibility of misinterpretating the question, if they are not most carefully worded." There should be no "if" in this matter. The new type of question has, of a certainty, to be most carefully worded, and the old type should be prepared with equal precision. If, in spite of this care, a pupil misinterprets a question, then it is well for us to have discovered her inability to grasp the meaning in a clearly expressed phrase before greater harm comes of it. A nurse must not be slow to interpret properly given directions if she is to have any degree of success in her work. Through the use of the old type of question this failing can be more readily discovered and the student may be helped, to use a colloquial expression, to "sharpen her wits."

So much for the disadvantages. Let us turn now to the few advantages that were attributed to the use of this old and tried friend.

There is, first, that to be found in the "testing of the pupil's ability to quickly organize subject matter" and also in the "testing of self-expression, composition, language and vocabulary." Truly these are advantages which should bear considerable weight in the balance. There are extremely few students entering the schools of nursing today who possess even a fair degree of the above attributes. Since we are striving to maintain and still further raise the standards of our profession, we would be wise in adopting any measure that would detect, in the student, deficiencies along these lines and at the same time help her, through practise, to improve.

There is another advantage in the old type of question that, as yet, has not been mentioned. This is to be found when the number of nurses writing an examination is small, and therefore the time spent by the examiner in preparing questions of the new type and by a typist in making the copies, is not worth while.

I speak from experience in a special hospital where an examination is given twice a month to small groups —seldom more than ten—as they leave the training school. This is an unavoidable arrangement and time does not permit here of explaining why.

The remarks until now have been confined to the old type of question. There are, however, one or two remarks I would like to make with regard to the new type. I have discussed the subject with a number of students from various training schools and have learned that they like the new type of question very much. On inquiring into their reasons for liking them I was rather forcibly struck with the fact that several of these could be used as arguments in favour of the old type. For example, one reason was that they did not have the bother of trying to express their thoughts clearly, another that they had less thinking to do and were easier for the student with a poor memory, and, still another, that answering the questions was like playing a game. The latter seemed to me to be a particularly poor reason since we are supposed to be training young women (not children) in the rather serious matter of dealing with life and death.

As to the fact that a clerk can correct the new type of question, there is this much to be said: that the clerk plays no part in the training of the nurse nor in the summing up of her various strong and weak points by which we judge her nursing ability, and therefore this is a point of questionable value.

In conclusion, may I say that I am of the opinion that both the old and the new type of question can be used to advantage: the extent of which depends chiefly on the subject of the examination? Neither type should be ranked as superior to the other, and the arguments in the foregoing discussion have been given solely for the purpose of emphasizing this. There is this point upon which I am sure we can all agree: that an examination is, at the best of times, a very doubtful means of measuring human knowledge and ability.

ANNUAL MEETING

CANADIAN COUNCIL ON CHILD WELFARE,

Monday, October 28th, Ottawa, Ont.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

Points on the Treatment of Impetigo, Ringworm and Scabies

By D. E. H. CLEVELAND, M.D., C.M.

I have chosen to speak to you upon three common diseases which must come to the attention of members of your profession very frequently. If my experience has informed me accurately, it is very often the visiting nurse, the school nurse, or the nurse attending a private patient in a home, who is first consulted by the sufferer, or the parent of a child suffering from one of these infections.

I do not propose to enter upon the question of diagnosis. The diseases which form the topic of this paper, while common, present themselves from time to time under such efficient disguises that they strain the diagnostic ability, not only of experienced physicians but also those who are specialists in diseases of the skin, confining their work wholly to them. Happily, however, in the majority of instances, the situation is so clear that the correct diagnosis is literally home-made. Again, I do not consider it my place to instruct you in the complete management of these cases, but rather to adjust or correct, perhaps to demolish, certain ideas and doctrines held alike by the laity, the pharmacist, and members of the nursing and medical professions. Although it is not your function to prescribe, you can at least advise and protect the patient against unskilful meddling, and it undoubtedly is your business to know the manner in which prescribed medication is to be used, and to appreciate the importance of its correct application.

In the minds of all who have ever had anything to do with these diseases, the mention of impetigo, ringworm and scabies immediately calls up the names of three medicinal preparations: white precipitate ointment, tincture of iodin and sulphur ointment respectively.

Beginning with impetigo, it may be said that the majority of cases—possibly 75%—will clear up under ammoniated mercury ointment, commonly known as white precipitate, no matter how amateurishly it is applied, Ordinarily the patient is told simply to get white precipitate ointment and rub it on the sore spot. The high degree of contagiousness of the disease often is not sufficiently emphasized. The patient may be told something about prevention of spreading it to others, but the prevention of the patient from spreading it to neighbouring or even remote parts of his own skin is not given sufficient attention. Thus a dab of the ointment is smeared over the lesions once or twice a day, and, remarkable to relate, they clear up in a few days. One almost feels that recovery occurred in spite of, and not on account of, the treatment.

But many cases do not get well immediately. In some the original one or two lesions go, while others develop in the surrounding area or more distantly. In others the original lesions simply continue to grow, and new ones develop, which are likewise unaffected by the oiutment.

Let us examine into possible reasons for this behaviour. Recall impetigo as you commonly see it: thick yellow or brown crusts which when detached reveal a pink surface from which oozes a clear yellowish serum. Earlier stages show small pink blisters from the size of a pin-head, almost identical with the familiar "cold-sore," up to blebs as big as a pea. The latter are seldom seen except on young children. In a less common variety you see nothing but a pink rapidly oozing area with the epidermis at the edge slightly raised and greyish, as if it were being undermined. The blisters rupture early or are picked open by the

patient, and the same straw-coloured serum pours out. This oozing is characteristic in every variety of impetigo and, with the exception of the rarer variety just mentioned, quickly dries into the typical crusts.

The point I am coming to is that the bacteria which cause the disease are covered over by the roof of a blister, by a crust, or by a flood of serum. The object of treatment is to attack these bacteria with an antiseptic which will kill a proportion of them and check the growth of the remainder until the natural defensive forces of the patient's body regain control. An ointment will not penetrate the blister or the crust, and it will be washed away by a cop ous flow of serum. Therefore it is obvious that before medication is applied blisters must be opened, crusts removed, and the flow of serum checked. Crusts may be softened and removed by a few hours' application of a boro-starch poultice, but with a few sponges moistened in olive oil and a pair of fine-pointed forceps, the crusts may be softened sufficiently and picked away in a much shorter time in most cases. The very wet, uncrusted cases are not suitable for ointments at all. The use of a mild astringent and antiseptic lotion for 24 to 48 hours will check the flow, after which ointment may be used if it is still necessary.

In the use of an antiseptic the fact is often lost sight of that in our efforts to harm the bacteria we may do even more harm to the surrounding healthy skin. By reducing its vitality and natural powers of defence with strong chemicals used too long, we make it an easier prey for the more or less large number of bacteria which survive. Thus our well-intentioned but overzealous efforts may have the effect of helping to spread the disease. The white precipitate ointment most commonly sold is 5% strength. This is unnecessarily strong, and while many cases are cured by it, many others grow worse under it for the reasons just given. Three per cent is quite strong enough for an adult case, and from 1% to 2½% for children. Cases which are not helped by these strengths will probably not be cured by the higher strengths, and may be harmed. Cases which do not heal rapidly under white precipitate should be treated by other methods, because prolonged use of it in any strength will eventually cause trouble.

Children, and also many adults, apparently cannot refrain from picking at sores on their faces. Adolescent girls with greasy, pimply skins which often itch, are especially given to this. Adult males are apt to spread their infection with the razor or shaving-brush over the bearded area. It is necessary to do something more than warning the patient to refrain from picking and scratching. Sponging the face over with a bichloride solution of from 1-3000 to 1-5000 strength is a valuable procedure, and should be done at least twice daily. Men should do this after shaving. They should shave the neighbourhood of the lesions last of all, and while shaving frequently dip the razor in a solution of one teaspoonful of lysol to a cup of water. The brush should stand in this same solution for a half hour after use.

You may wish to know what other methods are resorted to in those cases which do not yield to white precipitate. These are far from rare. Text-books on dermatology mention many different preparations, all of which have proved successful in some cases. I rely almost entirely upon one remedy for these stubborn cases, and this is an alcoholic solution of gentian violet, which is one of the coal-tar dyes. The brilliant stain which it makes on the skin is a disadvantage in adults, but patients with extensive cases find that in choosing between it and the disease they are selecting in it the lesser of two evils. It is useless to apply it until blisters have been opened and crust removed, and oozing sufficiently checked to permit the dye to dry on instead of being washed away. This latter can be done by the application of 1-1000 adrenalin on a swab. The dye is then applied with a cotton-tipped applicator, and in two or three minutes when it is dry it should be covered with lint thickly smeared with borated vaseline. The dressing is left in place

for 48 hours, and only occasionally does it need to be repeated. A rough and ready method which I sometimes use and which is very quick and effective is scrubbing the crusts off with sponges moistened in benzol, opening the blisters when present, and painting all lesions with 25% silver nitrate. This is a little painful, but the black colour is not a great disadvantage when there is only a single lesion, even in an adult, and one application is nearly always sufficient. In certain selected cases I find the application of strips of lint soaked in a 1-1000 emulsion of acriflavine gives excellent results. The emulsion being oily softens and penetrates the crusts, so that their preliminary removal is not necessary.

Ultra-violet rays, generated from air-cooled or water-cooled quartz lamps are sometimes used in the treatment of impetigo. The mechanical details of the operation of these lamps are so simple that they are widely used not only by physicians, but by various breeds of quacks, in beauty-parlours, etc. There is a general impression that ultra-violet rays cannot do any harm, and all sorts of extravagant claims are made for what they can accomplish, particularly in dealing with skin diseases. Ultra-violet rays used without the addition of any other remedy will not cure impetigo, and impetigo may be cured with the methods described above, in my experience, quite as quickly and easily without the addition of the rays as with them. Ultra-violet rays are a valuable remedial agent in many diseases, when properly applied by a physician who thoroughly understands the nature of the condition which he is treating. Improperly used, as they sometimes are in impetigo, they often depress the vitality of the surrounding skin just as mercury does, and I have recently seen several cases in which the disease has been aggravated and spread by this method.

Ringworm is a disease which is caused by a fungus which is parasitic on the skin just as some other varieties of fungus are parasitic on plants. There are many varieties of the disease. One which is most commonly seen upon the feet and hands and usually diagnosed as eczema does not at all resemble the disease commonly recognized by laity as well as nurses and physicians as ringworm. The ordinary ringworm of the face, body and limbs is in most cases easily cured. Scrubbing once or twice daily with warm water and soap, followed by painting with tincture of iodine, is usually sufficient to eradicate it in a few days. Many people resort at once to Churchill's iodine because it is stronger. It is doubtful if any case which will not yield to the ordinary tincture will be cured by Churchill's. In some cases where the infection has become more deep-seated, iodine is used in the form of an ointment which will penetrate better than the tincture. The less common form of what is popularly known as "barber's itch" is due to a ringworm fungus, and is often very difficult to cure with local remedies alone. Whether a mercurial preparation or iodine is used, an essential part of the treatment in this form is careful opening of every pustule and extraction of the hairs from the infected spots. The hairs whose roots are infected will be easily lifted out with epilation forceps. Ringworm of the scalp as usually seen in children is a serious matter. If untreated or improperly treated it may last for years, producing disfigurement by the patchy appearance of the scalp, and one child in a school or institution may pass the disease on to hundreds of others. At the outset, when there may be only one or two patches visible, application of an iodine ointment, such as a 10% solution of iodine crystals in goose-grease, or white precipitate ointment, may be successful. But if the disease continues to spread such treatment should be stopped. Tincture of iodine is useless. When such remedies are used the scalp must first be closely clipped, and the hair carefully collected and burned. The scalp must then be shampooed with soap and warm water daily, followed by sponging with a bicholoride solution of from 1-5000 to 1-3000 according to the age of the patient. Following this the ointment should be rubbed vigorously

into the affected patches. If the iodine in goose-grease is used it may cause suppuration after a few days, when its use may be suspended temporarily, only the bichloride being used. All hairs that can be removed with ease should be taken out. The child should wear a light cotton skull-cap during the night, and a cap or hat with removable washable lining by day. The skull-cap and linings should be washed and boiled daily.

It cannot be over-emphasized, particularly regarding children in schools or institutions, or where there are other children in the family, that if the disease spreads while local remedies are being used, this treatment must be discontinued and the hair completely removed from the scalp. This may be done by the internal administration of a drug called thallium, but this work is still in the experimental stage, and not all its possible dangers are yet known. The only safe method in common use at present is by the use of x-rays.

With modern apparatus an experienced operator can adjust the dose of x-rays so accurately that the hair will fall out completely, but will grow again. Under such conditions the danger of permanent loss of hair is negligible. The dose is not sufficiently penetrating to injure the skull or the brain of the child, and this danger is not to be feared. It is important that no irritating chemicals be used upon the scalp for some days before or after the x-ray exposure is made, as they may intensify the effect of the rays on the skin and cause a burn. So if a child who has had iodine, tar or mercurial ointment, etc., on the scalp is to be x-rayed, we must wait for several days, using nothing upon the scalp but soap and water and bichloride lotion. These are continued after the raying also. For a short time after the raying, from 24 hours to a few days, the child may be slightly "out-of-sorts". Peevishness, disturbed sleep on the first night, loss of appetite and listlessness are the common symptoms. About 14 days after the exposure the hair begins to fall from all over the scalp. In anticipation of this the application of a weak white precipitate ointment after the daily shampoo and bichloride sponging may be commenced about the 12th day. This keeps the loosened hairs from leaving the scalp and being spread around until they are washed off, and thereby lessens the spread of the infection. The fall is complete in about 21 days, only a few odd hairs remaining which have escaped the full force of the rays. The hair commences to reappear as fine colourless down in from five to eight weeks, and gets darker and coarser as it gets longer.

Ringworm of the beard is best treated by x-rays also. In both diseases the reason for removing the hair is that the fungus is growing, not on the surface of the skin, but on the roots of the hairs. The depth of the hair-follicle is a difficult place to reach with local applications, but if the hair is removed the fungus comes with it. Remove all the hairs at one fell swoop and the disease is removed thereby. For this reason it is obvious that in such a condition ultra-violet rays are useless. Their power of penetration is too slight to reach the seat of the disease, even if they are able, which is doubtful, to completely destroy the fungus when it is exposed to them. Still more futile is it to turn the ultra-violet rays on the head covered by an ordinary growth of hair, as I have seen done. The rays will not reach the scalp itself, still less damage the fungus in the follicles.

In scabies, or "the itch," we have to deal with another parasite, the minute itch-mite. This little pest burrows along beneath the surface of the skin. Reproduction occurs at the extremity of the small blind tunnel, and the young animals being nocturnal by habit, sally forth on the skin at night, only to dig themselves in again and repeat the process. Parts of the body where the skin is thinnest and most delicate furnish the most favourable ground for these operations. In connection with treatment, therefore, it is important to know that these sites are as follows: the inner sides of and the webs between the fingers, the front of the wrists and forearms, about the elbows, the armpits, under the breasts and about the nipples, the lower abdomen, the "small of the

back," buttocks, external genitals and inner side of the thighs. All parts of the body may be affected, however, except the face and feet. Nursing infants may sometimes have the face infected from the mother's breast, and occasionally one sees small children with infection of the feet.

Sulphur in an ointment, either alone or in combination with such drugs as Balsam of Peru or beta naphthol is the universal remedy for scabies. The chief error in its use, most commonly committed by the laity and druggists, is to use it too strong. A favourite home remedy is a mixture of equal parts of sulphur and lard, and ointments of 25% strength are commonly seen. Ten per cent sulphur ointment is quite strong enough. The stronger preparations will undoubtedly cure scabies, and that they do so very frequently without causing any trouble is a tribute to the endurance of the human hide. But very often I meet a patient who tells me he has the itch, and although he has used sulphur ointment for days or weeks, he is still itching. Examination discloses that whether he had or had not the itch, and although he is still scratching, the cause of it is not the itch-mite, but sulphur which he has been using too strong or too long, or both. This brings us to the second common error, which is keeping up the use of the ointment too long, even when it is not too strong. When a patient properly applies the omtment in correct strength he usually experiences moderate relief for the first one or two nights. Then he seems to be itching a little more. Naturally he concludes that he needs more ointment. But now he finds that the longer he uses it the more he itches. All the patient needs in either case is to discontinue the ointment, and use some simple cooling lotion, such as calamine, and he will soon be comfortable.

Sulphur is so efficient in this disease that it is often successful, no matter how carelessly it is used. But it sometimes fails, or the disease recurs through failure to take steps against reinfection from clothing. It is not the correct procedure to take a nightly hot bath followed by the ointment, nor is it necessary or desirable to change the underclothing daily. On the first night a complete hot bath should be taken, using tincture of green soap, and friction with a rough wash-cloth or flesh-brush, especially on the parts named above. The ointment is then rubbed in from neck to heels, with particular attention to the special regions. Underclothing, hosiery, night-clothing, sheets and pillow-cases used by the patient must be washed and boiled before using again, and replaced in the meantime with preferably the oldest and poorest the patient owns. This clothing is not to be changed until the sixth night. On the second, third and fourth nights the ointment is applied as before, but no bath taken. On the fifth night there is no ointment or bath. On the sixth night the patient bathes and changes. His discarded clothing must be washed and boiled before being used again. He can usually then be pronounced cured. More or less itching may occur after the fourth night and persist, but this must not be considered as calling for more ointment. A cooling lotion for a few days, as mentioned above, is generally sufficient. A return to the ointment is not to be thought of until this has been continued for a week at least without any relief whatever, and fresh signs of scabies are found.

It should be remarked that there is now a preparation sold which claims to be effectual in a single application. This obviously is a great advantage, and doubtless many cases are cured by it. I have not used it, but have treated several cases on which it had been used not one but several nights, and which were not cured. The details regarding bath, change of clothing, etc., as described above would apply in the use of this ointment.

In concluding I should like to impress upon you the one thought above others, that in the treatment of skin diseases at least, the manner in which a remedy is used is almost as important as the choice of the remedy itself. A comparatively weak application used with understanding may be far more effectual than the best remedy which can be devised when used unintelligently.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Teaching Public Health to Groups of Mothers

By FLORA F. STEWART, Child Welfare Association, Montreal.

The Child Welfare Association of Montreal has been experimenting with this type of teaching for the last three years with such success that it is each year occupying a more important place in the programme of this organization. While we realize this method of instruction can never supplant the home visit nor the necessity of bringing the child to the health centre, nevertheless we feel that many visits can be spared and that certain types of teaching can be better accomplished by group instruction than by either home visit or conference.

The home visit provides an opportunity for a personal contact between nurse and mother, allowing the nurse to see the home conditions, to estimate what the mother can accomplish, to give routine advice, and to make any special demonstrations that may be necessary. In this way she secures the mother's confidence and lays the foundation for the health work in that home. Frequently these visits are unsatisfactory through no fault of the nurse. Mothers are very busy people; the children or husband may be coming home for a meal, cooking or cleaning may be in progress, visitors may be present, or many things may be happening to distract the mother and largely nullify the effect of the visit. Of course if the mother is out the visit is a total loss of the nurse's time in going to the home and returning.

The health centre provides an opportunity for the parent to have the baby weighed and to see the doctor who directs the feeding, detects and prevents physical defects and gives advice about the child's care. The great weakness of the conference lies in its size. The crowd of mothers and children keeps the place in a tumult and the short time allowed for teaching the excited mother results in her retaining very little of what she is told by either nurse or physician. While home visiting and routine supervision at the Health Centres have worked fairly well in reducing infant mortality they have failed seriously in solving the parents' problems arising in the early years of the child's life. These problems vary to a certain extent, depending on the environment of the individual child, yet there are certain general and fundamental principles of child development which a nurse is constantly meeting and seldom has the time to explain to mothers individually. She rarely gets a close enough contact with the mother to find out what these problems are. Frequently the mother does not know that anything can be done to help her as she has attributed the undesirable developments to heredity and has tried to resign herself to the fact.

The following report of group work is given in some detail to show how a wide variety of problems in public health teaching may be handled. We have found that this not only teaches the mother but also makes her study her child and do some thinking herself rather than throw the responsibility on the nurse and physician of the centre. We have based this report on a group selected from a health centre located in the foreign community of the city as we realize that there are increased difficulties with this group because of a language handicap.

From this health centre composed almost entirely of parents who had come from various parts of Europe, the staff nurse made a discriminating choice, she invited fifteen mothers who could speak and understand English and whose children were between the ages of one and six years. The nationalities represented by the group were: mothers, British, French, Russian, Polish and Greek; fathers, British, French, Polish, Greek and Chinese. Each mother had to bring her children to the group as she had no other place to leave them. The babies had to remain with the mothers, but the older children were cared for in an upper room which was well supplied with toys.

The first meeting was for organization and for an explanation of the purpose of the group. We told of other study classes held by our organization in various parts of the city, stressing the informality of the class and describing various methods of procedure. A choice of the following methods of conducting the group was given:

The Lecture Method, in which a speaker talks on a given subject.

The Talk and Discussion Method, in which a short talk by a specialist is followed by general discussion.

The Discussion Method only, in which the leader guides all discussion along a certain topic outline.

It seemed that the Talk and Discussion Method was most favoured, for "that will give us some ideas, and then we can ask questions." Other organization plans were carried out, the mothers voting one of their number president of the group and appointing another to take the attendance record. They decided it would help to make the group more sociable if they could have a cup of tea at the end of the meeting. The mothers agreed to supply this, collecting five cents from any who could afford to give.

The mechanics settled, it now became necessary to draw up a programme. Suggestions for subject matter were requested from the group. These were many and varied, but furnished a basis from which to build and showed the attitude of each mother present. A few of the suggestions were, in the mothers' own words: "My boy is always afraid," "My child does not sleep well, he is always waking up and getting out of bed during the night," "I would like to know what is the best way to teach a baby to be clean," "When should the teeth come?" "I want to know how to make my little girl behave," "My child wont eat vegetables," "My baby is always crying, he always has colic," "Does rubbing with olive oil prevent cold?"

A combination of two methods was selected for presentation. That of Talk and Question, and of Discussion, deciding that the introduction of a specialist in a certain field would broaden the outlook of the mother and interest the specialist in the group. One week the specialist would talk for fifteen to twenty minutes, and the mothers would ask questions. The next week the topic would be discussed. Since the group was composed of young mothers with young babies we decided to build the programme for talk and discussion around "Habit formation for the first six years."

This involved the treatment of the physical aspects of growth and development in relation to mental and emotional development: physical habit formation, habits of elimination, feeding habits, parental attitudes, and the influence of fear and other emotions in relation to the needs of the child in this period. This was mapped out in outline and twelve weeks including organization and closing were planned. The book "Wholesome Childhood," by E. R. Groves, was shown to the group and a short review given, and it was

offered to any mother who would like it. One mother took it away and brought it back in two weeks with such a glowing report that during the twelve weeks eight mothers borrowed it and read it.

At the first meeting for study, it was decided to begin each class with fifteen minutes' discussion of any problem that a mother had met during the week, so that we could give some actual help to each person. We did not promise to find a solution but we did promise to give the best advice we could. At first this period was hailed with delight, but soon the mothers saw that the principles applied to the topic were applicable to this specific problem also, and this procedure fell by the wayside. The list of some of the problems for the first fifteen minutes was nearly a repetition of those given for topic material but immediate help and advice was eagerly accepted. Afterwards, when the discussion centered round habit formation, good and bad, or around new development, we could refer to these concrete examples already mentioned. Some of these were: "My little girl of two and one-half years tells terrible lies, when she breaks anything she blames it on 'Willy' who only lives in her imagination;" "My child wakes up at night, climbs into my bed and keeps the others awake;" "My boy of three years is afraid of the dark;" "My baby cries all the time, he has colic."

Since one of the purposes of the group class is to encourage an open minded searching attitude and to interest the parents in studying and observing their children, each mother was asked to bring to each meeting an illustration in writing of something new the baby or child had accomplished during the week. This was a very interesting part of the programme. The leader, as a member of the group, brought such an illustration each week, as an example of what was wanted. For three weeks no one else brought anything, but were interested in the leader's reports. Then, as writing is difficult for some of the group, we were glad to receive verbal observations. Another three weeks and some written observations came in. After that new developments were reported enthusiastically each week, and it was interesting to note the growth of these observations and how they could be reconciled with some part of the talk of the previous week.

The first subject, "Early Habit Formation," given by the leader, introduced "Natal Abilities and Early Learning." Natal abilities brought a question from the group: "If baby has to learn how to breathe after birth, and you say he is alive from the beginning (conception) how does he breathe before he is born?" This gave an opportunity for an explanation of a developing foetus, and for giving some pre-natal principles. The explanation of early nursing, digesting and eliminating, brought a discussion of establishing lactation. This involved a question, "What can you do for cracked or small nipples?" "Establishing a Routine" disclosed the need for various schedules for homes where the husband worked late and the mother herself had to go out working during the day.

Steps in physical development and the accompanying social and mental development were next discussed. One baby in the group having reached the stage when he could lift his head up and gaze around, served as an illustration and proved a stimulus to the other mothers, who gave descriptions of abilities they had noted in other infants at various ages. The co-ordination of random movements, feeling, pulling, grasping, reaching, showed the need of allowing for growth and development by providing proper clothing, opportunities for exercise and toys that would possibly help.

Social development in the early months brought a discussion of Dr. J. B. Watson's article in McCall's Magazine of December, 1927, which had evidently been read by several of the group (and fortunately by the leader). The mothers were puzzled and had the impression that Dr. Watson did not encourage any outward expression of maternal love. "Not kissing a baby's hurts" seemed to them a dreadful omission. When we explained that it was the extreme attitude that was advised against, they were all ready to agree, and two instances of making "sissy boys" and "spoiled petted girls" were given.

"Hygiene and Physical Habit Formation" was the next topic given by a specialist in child health. Considering the group, we asked all speakers to allow us to ask questions as the talk proceeded, because often if we waited to the end, we had forgotten the question and so lost a good point. The general outline of this subject was the importance of environment, a résumé of physical development. Several bad habits and how to avoid them. Introduction of new foods. Stopping of night feeding. Advisability of and need for immunization. Some of the questions asked by the mothers during the talk were: "What particular good is Cod Liver Oil?" "Does not boiled milk make babies constipated?" "What 'Little Hints' can you give to prevent decayed teeth in small children?" "If a baby is constipated how can I start a regular habit?" This discussion introduced the following subjects: Prevention of rickets, various methods of elimination control, milk pasteurization, immunization. Explanation and emphasis was given to the prevention of diphtheria, scarlet fever and small-pox.

The Nutritionist of the Child Welfare Association was our next specialist. "Formation of Early Habits" was her subject. Starting with natal ability to suck and following through till the child was able to use its knife and fork, she explained the process of learning to nurse and the early difficulties; the introduction of new food at five months and the need for patience on the part of the mother; the gradual new process to be learned in the change from sucking fluids to manipulating semi-solids and then chewing solids; and new tastes to be acquired. This discussion involved: cooking cereals, the use and administration of cod liver oil and orange juice, methods in cooking vegetables, different sugars and their indications, economical and nutritional; diets suggested and some recipes given. Some of the questions asked were: "If I give my baby water from a bottle does that spoil the habit of nursing?" "I give my baby milk in the morning, but she does not want her breakfast after that, should I stop that early milk?" "If my boy sees the dessert he just won't eat his meat and vegetables, and when I force him he wont eat anything at all."

Eating difficulties formed the rest of the discussion. To find the attitude of the mothers on this subject we asked each to tell us her procedure when this difficulty arose. Forcing, pleading, coaxing, threatening, punishing, form the list of methods used. The effect on the digestive system of various emotions was explained here, and anger, fear, worry, desire for attention, were discussed. Methods suggested to overcome these difficulties were: serving food attractively in small quantities, making meal time pleasant, avoiding dwadling and too much attention.

The Medical Director of the Child Welfare Association next spoke to this group on "The attitude of parents to children." He emphasized the "big job" of parenthood, showing its difficulties on account of lack of training on the part of the parents. The responsibility of

parents for environment; the various types of parents and the difficulties they meet; for example, the unfortunate parent who has to live with the older generation; the wobbly parent who is inconsistent; the ambitious one who expects too much from the child; the serving parent, who will not allow the child to do anything himself; the fearful parent, who instills fears in the child and prevents his normal development.

Discussion centered around the "Wobbly Parent." All recognized the picture and decided this was frequently the source of their troubles. The excuse given for this attitude was: "We are so tired and irritated some days, and anyway when there is company, or even others living in the house, you can't let a baby pull everything down." This led to a discussion of furnishings of a house in which there is a toddler learning to walk. We emphasized the curiosity of a child who can now take himself around instead of depending on help. He now reaches for things which often have been given to him while in his mother's arms. Instead of being able to take them he is stopped by "don't," "you mustn't" and what once was a readily given plaything is now forbidden.

"What one can expect from a two year old" was clearly described by the Director of the McGill Nursery School. She explained the work of the nursery school, showed the benefit of having furniture of child size —to give the child the satisfaction of possession and self-expression. Discussion on "How can we do these things in our own home" was eagerly entered into. Methods and substitutes were suggested, e.g., small tables are easily made by handy husbands; orange boxes placed in any convenient space covered with cretonne, make splendid cupboards for toys; dishes for his or her own use; a few pegs placed low down in the adult clothes cupboard, at a height easily reached by the child provides an opportunity for teaching orderly habits; simple inexpensive toys for outdoor play, including sandbox, spoons and buckets. These suggestions were of considerable practical importance as 50 per cent. of these families live in one room.

Twelve meetings were held, one each week. Twelve mothers registered, and an average attendance of eleven was recorded. All seemed intensely interested, trying out some suggestions and bringing some incident as a result.

At the close of the series the mothers had a little party. This they conducted themselves. They had the invitations printed by one of the handy husbands, calling themselves the Young Mothers' Club, and sent one to each speaker. During the afternoon one of the members of the group made an interesting speech, which showed retention of a great deal of the subject matter discussed, and the sincere appreciation of the entire group for the many benefits received.

Conclusion

Group teaching is a valuable method of teaching health to mothers. The class enables mothers to gather together away from home distraction, it provides an opportunity for them to meet the other parents, to exchange ideas, to ask questions and share knowledge which they have gained through their experience with children.

Discussion often brings to light the reason for many difficulties mothers had not recognized as such It enables the nurse to give 15 to 25 mothers in one afternoon each week fundamental principles which would otherwise mean 15 to 25 visits. It encourages an open minded attitude and arouses a community spirit among the members of the group.

News Notes

ALBERTA

CALGARY ASSOCIATION OF GRADUATE NURSES: The annual meeting of the association was held on September 18th.

Miss Thelma Williams, Holy Cross Hospital, Calgary, has accepted the position of instructress at St. Paul's Hospital, Saskatoon.

Miss D. Williams has accepted the position of public health nurse on the Indian Reserve, Morley, Alta.

On the evening of August 21st the C.A. G.N. was delightfully entertained by Miss H. Aske, superintendent of the V.O.N. in Calgary and her staff, the evening being spent in playing bridge.

MEDICINE HAT GRADUATE NURSES ASSOCIATION: Among those who have been holidaying recently may be mentioned Miss Auger, Mrs. H. Dixon, Mrs. F. W. Gershaw, Mrs. Vernon Hucyke, Miss Bowman, Miss Florence Smith, Mrs. C. Anderson, Mrs. D. M. Smith and Miss Nash.

Miss MacRae, of the Montreal General Hospital, has joined the staff of Medicine Hat General Hospital.

The deepest sympathy of the Association is extended to Miss Davidson in the death of her mother, and to Mrs. J. Keohane in the loss of her young son.

BRITISH COLUMBIA

VANCOUVER GENERAL HOSPITAL: The first Alumnae meeting of the season was held on September 4th, in the New Home Miss Timmins presiding. The chief item of interest was the very full and interesting report of the Biennial Convention held in Winnipeg this summer, given by Miss K. Ellis, first vice-president of the Canadian Nurses Association, who represented the Alumnae at the convention. Miss Ellis reports very inspiring meetings and discussions, also a very splendid social programme arranged by the Winnipeg members. Great interest is being displayed in the planning of arrangements for the International Congress to be held in Montreal next year.

Miss Margaret Kerr, B.A.Sc. (Nursing) R.N. (Vancouver General Hospital Training School for Nurses and the University of British Columbia, 1925), who has been engaged in school nursing in Nanaimo, B.C., for the past two years, is leaving this month for New York, where she will attend Columbia University. Miss Kerr has been awarded a Rockefeller Fellowship for Post Graduate work, and will study for her Master's Degree in nursing.

VANCOUVER: Miss Marion Wismer has been granted leave of absence from the V.O.N. in order to take a course in public health nursing at the University of British Columbia.

NORTH VANCOUVER: Miss Elizabeth Lowther has resigned from the staff of the V.O.N. in order to accept the position of school nurse in North Vancouver.

MANITOBA

WINNIPEG: Miss Winnifred Dawson (Winnipeg General Hospital, 1914, and of the University of Toronto) is visiting in Winnipeg for a few weeks, after six years of public health service in Rio de Janeiro. Miss Dawson served overseas, and was on the staff of Tuxedo Military Hospital for some time after her return. Later she formed one of a group of seven nurses sent out to found a nurses' training school and teach public health nursing in Brazil, under an arrangement between the Brazilian Government and the Rockefeller Foundation.

Mrs. Sheridan Miller (nee Bertha Bloy, Winnipeg Children's Hospital, 1922), with her husband and son, has just returned from a trip to Europe, and is visiting her sister in Toronto.

Miss Elma McKelvey (Hamilton General Hospital), has been appointed to the staff of the Victorian Order in Winnipeg.

Miss Agnes Baird sailed on September 6th for China, having accepted a position as supervisor on the staff of the Peking Union Medical College. Miss Baird is a graduate of the Presbyterian Hospital School for Nurses, New York, N.Y., and was for some time superintendent of the Winnipeg Branch of the Victorian Order of Nurses. Her many friends in Winnipeg and elsewhere wish her success and happiness in her new work.

NEW BRUNSWICK

SAINT JOHN: The private duty nurses of the General Public Hospital gave a most enjoyable theatre party in honour of Miss Helen Merritt, of Mt. Dora, Florida, visiting in the city. They also gave a birthday party recently in honour of Miss Eva B. L. Smith.

Recent visitors to Saint John include: Miss Vera Breen, of the Deacon Hospital, Boston; Miss Hazel Latimer, of the V.O.N., Ottawa; Mrs. Sampson (Bess Britain, General Public Hospital). Misses Eva Craig and Mary Murdock, of the Citizens General Hospital, New Kensington, Pa., have also been spending a vacation in the province.

The staff of the General Public Hospital held an enjoyable picnic recently at the summer home of Dr. A. C. Macauley.

MONCTON: Miss Ida Bull and Miss Jennie Davidson have resigned from the staff of the V.O.N. in Moncton. Miss Florence Laite (McGill University) is in charge of the district, with Miss Sybil Everitt, who is being transferred from Cornwall, as second nurse.

NOVA SCOTIA

HALIFAX: Among those who have recently returned from vacation may be mentioned, Miss Mary F. Campbell (matron, V.O.N., Halifax); Miss V. Bengtson (superintendent, Westwood Hospital, Wolfville); Miss A. Innes (Victoria General Hospital); Mrs. C. H. Logan; Miss Gladys Strum (superintendent, Victoria General Hospital); and Miss Sarah Archard, of the same hospital.

Miss C. M. Graham has returned to Halifax, after a very active summer at Rainbow Haven.

A short memorial service was held at King's Memorial Hospital, Berwick, on August 26th, when the memorial tablet was decorated by returned soldiers of Kings County.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in September, 1928, were 1,144, 6 more than previous month.

APPOINTMENTS

Miss Chute has been appointed second assistant superintendent and practical demonstrator at the Brantford General Hospital. Miss Chute is a graduate of the Royal Victoria Hospital, Montreal, and holds a diploma in nursing education from McGill University.

Miss Mary E. Ross (Hamilton General Hospital), to the staff of the V.O.N. in Hamilton.

Miss Reta Sutcliffe, assistant superintendent, V.O.N. Ottawa District, appointed assistant superintendent, Alexandra Hospital, Montreal.

Miss Dell McGregor (Winnipeg General Hospital), assistant superintendent, V.O.N., Ottawa District.

Miss Kathleen McNamara (University of Toronto), to the Toronto staff, V.O.N.

Miss Lauretta Hurtuboise, to the staff of the V.O.N. at Sudbury, to succeed Miss Irene Piche.

BRANTFORD GENERAL HOSPITAL: The regular monthly meeting of the Alumnae Association was held in the Nurses Residence on September 4th. After transaction of the usual business a musical programme was enjoyed, and refreshments served.

A garden party under the auspices of the nurses in training was held on August 29th, in the hospital grounds, and proved a great success.

Miss Helen Potts was the delegate from Brantford to the general meeting of the Canadian Nurses Association, 1928, held at Winnipeg.

The Misses Potts, Charnley, Arnold and Muir, of the staff of the Brantford General Hospital, attended the short course held at Victoria Hospital, London, Ont., conducted by Doctors Dearness and Grant.

A happy event took place recently at the Nurses Home, when Miss Wilson, who is leaving the institution to take a teachers' course in nurse education at the University of Toronto, was made the recipient of useful gifts. A motor trip and tea party in Miss Wilson's honour brought a pleasant evening to a close.

Miss Ray Isaac (1924), has left for Hong Kong, China, where she will work as a medical missionary.

A link with the past has been broken by the death on July 30th of Miss Minnie Ford, the well known and much loved superintendent of Brantford General Hospital, 1915-1924. Her resignation was a matter of regret, tempered by the fact that she kept in touch with her nurses right up to the end. Much sympathy is felt for her many friends, for her death will leave a gap in many lives which will be difficult to fill.

The friends of Miss E. Birkett (1925), will regret to hear that she has been the victim of a motor accident, which will confine her to bed at the Paris Hospital for a few weeks.

NORTH BAY: Miss Rhoda Campbell has resigned her position as nurse-in-charge of North Bay District, V.O.N., in order to take the public health nursing course at the University of Toronto.

PEMBROKE: Miss Archange Labelle has resigned from the staff of the V.O.N.

TORONTO

GRACE HOSPITAL: Miss Elsie Ogilvie, who spent last year at McGill University, Montreal, is acting superintendent of Grace Hospital in the absence of Miss Rowan, who is recuperating after her recent operation.

Miss A. Bell attended the General Meeting, C.N.A., 1928, in Winnipeg, as a delegate from the Alumnae.

WESTERN HOSPITAL: At the 1928 Graduation Exercises, scholarships and prizes were awarded as follows:

Scholarship for one year's Post Graduate work in Teaching and Administration in Schools for Nurses, University of Toronto (awarded by the Alumnae Association) to Mary McCamus, of London, Ont.

SENIOR YEAR: Scholarship for one year's post graduate work, Department of Public Health Nursing, University of Toronto (given by the Board of Governors of the hospital), to Hazel I. Atkinson, of Tottenham, Ont. The H. A. Beatty Scholarship, for one year's post graduate work in teaching and administration in schools of nurses, University of Toronto, to Annie Wells, of Bracebridge, Ont., who also won Dr. John Ferguson's prize, presented to the winner of the highest total marks throughout the three years' course; the F. R. Scott Scholarship, for operating room technique and the John Medland Prize for highest standing in practical work, to Doris E. Stinson, of Trail, B.C. The Mrs. Alex. Fasken Prize, for proficiency in bedside nursing, to Lulu E. Sargent, of Peterborough, Ont. The Noel Marshall Memorial Prize, for first general efficiency, to Isabel E. Buckley, of Toronto. The John Vokes Prize, for second general proficiency, to Myrtle B. Hamilton and Flora M. Lamont, the latter also winning the Dr. Gordon Copeland Prize for practical

work in obstetrics. The Thomas Findley Prize (given by Thomas Bradshaw), for second highest standing in practical work, to Mabel E. Coutts, Toronto. Gold Medal (given by the Ladies Board), for general proficiency in obstetrics, to Irene Andrews, of Pembroke, Ont.

INTERMEDIATE YEAR: Prize for first general proficiency (given by Alderman H. W. Hunt) and the Dr. R. D. Lane Prize, for proficiency in bedside nursing to Jean Grant Smith, of Orillia, Ont. The A. C. Galbraith Prize for second general proficiency, to Katherine M. Coles, New Wiltshire, P.E.I.

Miss Marion Daly (Toronto Western Hospital, 1924), sailed from New York early in August to spend three months in Europe.

QUEBEC

MONTREAL: ALUMNAE ASSOCIATION WESTERN HOSPITAL. Miss Verna Kerr is this year a pupil at the School for Graduate Nurses, McGill University.

Miss Ruby Kett has resigned her position as private ward supervisor, Western Division of the Montreal General Hospital.

Miss J. Craig, who spent her vacation in England, and Miss B. Dyer have returned to Montreal.

Miss Mary Sharpe, who has been doing private duty nursing in the United States has returned to Montreal.

The sincere sympathy of the Alumnae Association is extended to Miss Margaret Tyrell in the loss of her mother, and to Mrs. Frank Murphy (Anne Scullin, 1923), who has also lost her mother.

ALUMNAE ASSOCIATION HOMEOPATHIC HOSPITAL: Friends of Miss D. W. Miller will be pleased to know that she has made an excellent recovery from her recent major operation.

Miss I. Garrick and Miss H. Ellacott are both convalescing from recent operations.

Miss Doris Smith (1923) has accepted an appointment to the staff.

Miss B. Rutherford is doing private nursing, and will accompany her patient to the South of France for the winter months.

Miss M. O. Berry left recently for a trip to Europe.

QUEBEC: JEFFERY HALE'S HOSPITAL. The members of the Alumnae extend their deep sympathy to Mrs. S. B. Baptist (nee Annie L. Savard) and to Miss Ellen M. Savard in the death of their father.

Miss Mae Lunam (1921) has been appointed assistant superintendent of the Jeffery Hale Hospital, the former assistant superintendent having resigned to be married.

SHERBROOKE HOSPITAL: The following have returned from vacations: Miss Helen Buck (superintendent) and Mrs. George MacKinnon.

Deep regret is felt on all sides on the departure of Miss Grace Moffatt, who has been assistant superintendent of Sherbrooke Hospital for a number of years. Miss Moffatt has gone to St. Stephens, New Brunswick, to take up her duties as superintendent of the hospital there. Miss Jean Fenton, of St. John, New Brunswick, has succeeded Miss Moffatt. Miss Fenton graduated from Sherbrooke Hospital, with honours, several years ago. Since that time she has been on the staff of the St. Stephen's Hospital and the Royal Victoria Hospital, Montreal.

Miss Charland, of the Montreal General Hospital, has accepted the position of instructress, left vacant by Miss Chute.

Recently the Alumnae Association held a joint party at the Nurses Home for Miss Grace Moffatt, who was presented with a beautiful beaded purse, and Miss Betty Imrie, who is to be married shortly. Miss Imrie was presented with a dozen crystal goblets.

CHILDREN'S MEMORIAL HOSPITAL: Miss Winnifred Kirby (1926), has accepted the position of operating room supervisor in the Shriner's Hospital, Montreal.

Miss Ethel Hillyard (1924), was the representative of the Association at the Biennial Convention C.N.A., held in Winnipeg in July.

Miss Anna MacFarland (1928), is taking the course in Public Health Nursing at the School for Graduate Nurses, McGill University.

Miss Jean C. Bancroft (1927), has accepted the position of assistant superintendent of The Children's Memorial Hospital.

Among those who have been away holidaying recently may be mentioned Miss Mabel Wight (supervisor, Infant's Ward), Miss V. Ford (1928), and Miss Isobel Stewart (1927), who spent the past two months in Scotland.

AGAIN UNITED

Many of our readers will be interested to learn that the business office of "The American Journal of Nursing" was moved on September 1st, 1928, from its home at 19 West Main Street, Rochester, N.Y., to headquarters, American Nurses Association, 370 Seventh Ave., New York. Shortly after headquarters was first established the editorial office of the Journal was transferred from Rochester to national headquarters. It is hoped that Miss Katherine DeWitt, the well known and highly esteemed business manager of the Journal for many years, may find her new surroundings as congenial as it is well known they have been in Rochester.

MISS NINA GAGE

Miss Nina Gage, president of the International Council of Nurses, and since April, 1927, educational director of the School of Nursing, Willard Parker Hospital, New York City, has recently been appointed for one year executive secretary of the National League on Nursing Education, with headquarters at 370 Seventh Ave., New York.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CRAWFORD—On September 2nd, 1928, at Westlock, Alberta, to Dr. and Mrs. A. M. Crawford (Kathleen Maddocks, Children's Memorial Hospital, Montreal, 1922), a daughter.

ELLIS—On August 25th, 1928, to Mr. and Mrs. Harvey Ellis (Muriel Purdy, General Public Hospital, Saint John, 1925), a daughter.

NESBIT—In June, 1928, at Toronto, to Dr. and Mrs. James Nesbit (Jean Watson, Toronto Western Hospital, 1923), a son.

McINTOSH—On June 27th, 1928, at New Westminster, to Mr. and Mrs. J. McIntosh (Pat Fryer, Royal Columbian Hospital, 1921), a daughter (Patricia May).

PHILLIPS—On July 13th, 1928, to Mr. and Mrs. Reg. Phillips (Geneive Weiler, Brantford General Hospital, 1925), a daughter.

ROWELL—Recently, at Montreal, to Mr. and Mrs. E. Rowell (Phyllis Monks, Children's Memorial Hospital, Montreal, 1926), a son.

RUMP—On June 22nd, 1928, at New Westminster, to Mr. and Mrs. H. Rump (Dora Hine, Royal Columbian Hospital, 1917), a daughter (Beverley Joan).

SLOCOMBE—In June, 1928, at Sheldrake, Ont., to Dr. and Mrs. Slocombe (Ida Mains, Toronto Western Hospital, 1923), a daughter.

STAPLES—On August 10th, 1928, to Mr. and Mrs. Staples (Ella Spargo, Grace Hospital, Toronto, 1921), a daughter (Margaret Joan).

STOCKLEY—On July 21st, 1928, at the Peking Union Medical College Hospital, China, to Dr. and Mrs. Handley G. Stockley (Jean McC. Menzies, Toronto General Hospital, a son (David James).

WOOD—In July, 1928, at Toronto, to Dr. and Mrs. James Wood (Isabel Shortreed, Toronto Western Hospital, 1916), a daughter.

WRIGHT—On July 23rd, 1928, to Mr. and Mrs. W. Wright (Hattie Miell, Grace Hospital, Toronto, 1921), a daughter (Jean Elizabeth).

MARRIAGES

BICKNELL—HUTCHINSON — On March 10th, 1928, at Long Beach, California, Clara V. Hutchinson (Grace Hospital, Toronto, 1922) to A. C. Bicknell.

CALLIGHAN—PAYNE—In August, 1928, Hilda Pearl Payne (Ottawa Civic Hospital, 1927) to R. J. Callighan, of Toronto.

CARLSON—BISHOP — On August 1st, 1928, Viola Mary Bishop (Royal Columbian Hospital, New Westminster, 1925) to Louis A. Carlson, of Oakland, California.

CHOATE—LUNN — On September 6th, 1928, at Calgary, Alta., Kate Lunn (Calgary General Hospital, 1923) to Charles Allan Choate.

FLOOD—TIPPER—In August, 1928, Doris E. Tipper (Ottawa Civic Hospital, 1927) to Walter Flood, of Ottawa.

GARTSIDE—McDONALD—On June 27th, 1928, Margaret S. McDonald (Royal Columbian Hospital, New Westminster, 1924) to Jack Gartside, of New Westminster.

HARLAND—SPEARS—On June 11th, at Meaford, Ont., Dorothy Alyse Spears (Oshawa General Hospital, 1926) to Harvey Wallace Harland, of Oshawa.

HAY—PETERSON — On August 11th, 1928, at Toronto, Margaret Bessie Peterson to John Carter Hay.

HEFFERMAN—DEVENUE — On August 27th, 1928, at Halifax, Winnifred Alberta Devenue, of Amherst, N.S., to Frank Percy Hefferman, of Springhill, N.S.

HERRETT—CAMERON — On July 30th, 1928, at New Glasgow, Helen Rebecca Cameron, of New Glasgow, N.S., to Leo Borden Herrett, of Springhill, N.S.

JOHNSON—PETERS — On July 24th, 1928, at Bradbury, Ont., Margaret Bell Peters (Oshawa General Hospital, 1927) to John Vernon Johnson, of Oshawa.

LUNDY—STRINGER—On August 11th, 1928, at Port Dover, Ont., Genevieve Corinne Stringer (Toronto General Hospital) to Allan B. Lundy, of Detroit, Mich.

MARTIN—DAVIDSON — On June 26th, 1928, Marion Davidson (Children's Memorial Hospital, Montreal, 1924) to Francis C. Martin. At Home—Montreal.

MacGILLIVRAY — NICHOLSON — On July 24th, 1928, at North Sydney, Nova Scotia, Sylvia Viola Nicholson to Lovell Lewis MacGillivray, of Sydney.

McKENZIE—HOWELL — On June 30th, 1928, at Brantford, Ont., May Howell (Brantford General Hospital, 1926) to George McKenzie, of Brantford.

MELANSON — PRIDEAU — On August 29th, 1928, at Tracadie, N.S., Alvine Bertha Prideau (Halifax Infirmary) to Dr. Herbert Melanson.

MICHAEL—McEWEN—Recently, at Calgary, Alta., Rebecca McEwen (Medicine Hat General Hospital, 1926) to A. Michael.

MOIR—WOODS — On June 12th, 1928, May Woods (Victoria Hospital, Prince Albert, 1918) to Conrad Moir, of Winnipeg, Man.

MORELAND—McELROY—On September 10th, 1928, at Ottawa, Margaret McElroy (Western Hospital, Montreal) to Robert Moreland, of Grand Mere, P.Q. At Home—Grand Mere.

SHEA—GUNN—On June 23rd, 1928, at Toronto, Edna Regis Gunn, of North Sydney, to Donald McKay Shea, of Hamilton, Ont.

SHERIDAN—WHEATLEY—Recently, at Calgary, Muriel Wheatley (Calgary General Hospital, 1925) to T. Sheridan.

SCRUTON—WAITE—On June 29th, 1928, Florence Waite (Brandon General Hospital, 1925) to Murray Scruton, of Brantford.

STENSON—IMRIE—Recently, at Sherbrooke, P.Q., Miss Elizabeth (Betty) Imrie (Sherbrooke Hospital) to Oscar Stenson. At Home—Sherbrooke.

UNDERWOOD—BAKER—On June 9th, 1928, Kathleen Baker (Belleville General Hospital, 1924) to Henry A. Underwood, of Newark, New Jersey, U.S.A. At Home—Newark.

DEATHS

FORD—On July 30th, 1928, at the Brantford General Hospital, Miss Minnie Ford (Johns Hopkins Hospital, Baltimore, Md.), superintendent of the Brantford General Hospital, 1915-1924.

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Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Buildings, Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of $5.00, is received by the Inspector before November 10th, 1928.

(Signed) A. M. MUNN, Reg.N.,
Inspector of Training Schools.

THE CANADIAN NURSE

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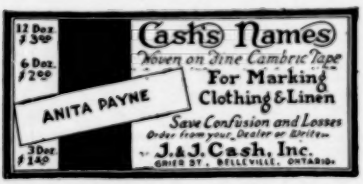

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